

# Review of Western Australia's COVID-19 Management and Response

July 2023





## **Acknowledgment of Country**

We acknowledge the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their cultures; and to Elders both past and present.

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## **Acknowledgements**

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## Foreword

The COVID-19 pandemic has left a significant and lasting impact on the Western Australian (WA) community.

For most people, COVID-19 was the first time they had experienced an emergency or pandemic of this scale and the disruption to daily life that ensued. Government, business, the community sector and members of the public rose to the challenge, rallying together to keep the community safe.

As the independent panel commissioned by the WA Government to conduct a review of WA's COVID-19 management and response, we have prepared this report to:

- capture information and provide a historical record of the State's COVID-19 management and response;
- investigate what worked well and what could be improved upon; and
- make recommendations that are forward looking and will prepare future governments to better respond to the next pandemic or large-scale emergency.

This Review does not seek to provide a detailed or forensic assessment of the WA Government's COVID-19 response – rather it seeks to focus on what worked well and what can be done better in the future.

To ensure that we heard from a range of voices and experiences, we interviewed people who held senior leadership positions in Government; facilitated workshops with people from across the public sector, not for profit agencies, Aboriginal organisations, peak bodies and the business community; and received almost 900 submissions from organisations and members of the public. This engagement, alongside a review of current literature, has informed our considerations and the recommendations within the report.

We would like to express our sincere thanks to those who generously gave up their time to share insights and experiences during the pandemic. The written submissions have provided an especially important understanding of how the pandemic affected people on an individual level.

The strongest theme to emerge from the interviews and workshops was acknowledgement of the commitment and dedication of people working in frontline healthcare and service delivery, as well as those in decision-making roles. The 24/7 nature of the work during the height of the pandemic was relentless. There was clearly a commendable ‘all-hands-on-deck’ attitude and a culture of ‘doing whatever was needed to get things done’.

The remarkable efforts of employees from hotels, small business and venues to meet the challenges of hotel quarantine, vaccination checks and mask mandates were highlighted on several occasions. This contributed significantly to the successful reduction of the transmission of the virus and we commend those involved for their efforts.

Although WA was a world leader in low case numbers and maintained a strong economy, we acknowledge that Western Australians experienced difficult times during the pandemic. People were separated from loved ones when international, interstate and intrastate borders were closed. Businesses experienced the financial impact of public health measures. There is no doubt it was a challenging time for many across the State.

The workshop and interview conversations appeared to be the first time that senior decision makers and industry and community leaders had stopped to reflect on their role in the State’s COVID-19 response and the enormity of what was achieved over such an extended period. The sharing of information with others who had ‘been there’ was cathartic for some, healing for others, and many were relieved it was simply all over. Strong working relationships were recognised as an essential part of achieving these positive outcomes.

Research tells us that the likelihood of another human or zoonotic pandemic similar to COVID-19 is greater than we think and on the rise. Delivering an address at the World Health Assembly on 21 May 2023, the Director-General of the World Health Organization, Dr Tedros Adhanom Ghebreyesus (World Health Organization, 2023c) warned:

*“The frequency and intensity of health emergencies is growing, with evolving pathogen threats increasing due to population growth, environmental degradation, and many other pressures.*

*Even as the risks increase, the gaps and vulnerabilities in the world’s emergency response capabilities were cruelly exposed by the COVID-19 pandemic.*

*COVID-19 will not be our last major health emergency. Disease outbreaks are a fact of life. We must be prepared.”*

With this in mind, it is critical that we start planning now for the next pandemic and harness the lessons and innovations from COVID-19 to advance our pandemic preparedness. The World Health Organization has published an international perspective “Imagining the Future of Pandemics and Epidemics” (2022) which presents a range of potential scenarios.

In finalising this Review, the panel would like to acknowledge the outstanding support provided by the secretariat from the Department of the Premier and Cabinet. It was a demanding process for all involved, within a very limited time frame, and its completion has depended heavily upon the effort put in by the team. We thank them sincerely.

We hope that this Review will provide current and future governments in WA with practical steps that they can implement to ensure an effective, co-ordinated and strong response to future threats.

**Hon John Day**

**Dr Michael Schaper**

**Emeritus Professor Margaret Seares AO**

# Executive summary

## About the Review

On 31 October 2022, the WA Government announced it would commission an independent Review of WA's COVID-19 Management and Response (the Review) to inform future pandemic management and ensure government arrangements are fit-for-purpose.

The Review panel – the Hon John Day, Emeritus Professor Margaret Seares AO, and Dr Michael Schaper, supported by the Department of the Premier and Cabinet – were subsequently appointed and conducted their inquiries from February to June 2023.

Consistent with the Terms of reference at Appendix B, the Review examined:

- the State's pandemic plans and preparedness;
- government programs and processes to support the health response;
- intragovernmental communication and cooperation;
- community support, engagement and communication; and
- the effectiveness of public health levers on health outcomes.

The Review's findings and recommendations have been shaped by all Western Australians, from those who made the critical decisions to keep people safe and maintain the State's economic activity through to those who experienced the impact of those decisions. The independent panel conducted 19 interviews, held 9 workshops, and received almost 900 written submissions to inform the findings and recommendations of this Review.

The Review was also informed by independent analysis of key health, economic and social indicators in relation to WA's COVID-19 response, by research into the WA Government's current plans, policies, structures and pandemic-related legislation, and by a review of national and international literature in relation to COVID-19.

It is important to highlight that the Review does not seek to provide a detailed or forensic assessment of the past and the WA Government's response to the COVID-19 pandemic. Rather, it provides a general assessment of the response and seeks to look forward so as to provide current and future governments with a blueprint for what can be done better in the future.



## Overview of findings

At the beginning of the pandemic, the WA Government reacted swiftly to the immediate risks of COVID-19. Shortfalls in the pandemic-related legislation and the 2008 WA Government Pandemic Plan were mitigated through amendments and revisions while the Emergency Management Team (EMT) was established to support information sharing across government.

The WA Government introduced a suite of programs and processes which underpinned the strength of its response. Free testing tools and vaccines were provided to Western Australians, the development and uptake of digital tools was accelerated, and WA's approach to sourcing Rapid Antigen Tests (RATs), Personal Protective Equipment (PPE) and ventilators was prioritised. However, the Review heard that there were some barriers for vulnerable cohorts in accessing programs and a need to strengthen local manufacturing to mitigate supply chain risks.

The public sector adapted to the pandemic with a high degree of agility and cooperation. Resources were mobilised in areas of greatest need and arrangements were established to promote interagency communication and whole of government coordination. This did, however, result in some staff experiencing burnout and fatigue while resource mobilisation was done largely on a goodwill basis. Data sharing significantly aided WA's response but uncertainty around information sharing and difficulties obtaining data from the Commonwealth presented challenges.

Public communications were a critical component of the WA Government's response, with the Premier's daily updates and the centralised communications in the Department of the Premier and Cabinet praised for creating a single source of trusted information. The WA Police Force's 'compliance with compassion' approach created positive engagement, while stakeholders external to government provided essential assistance and cooperation during the pandemic.

Opportunities to improve how the WA Government better leverages the expertise of non-government stakeholders and distributes grants to businesses were identified by stakeholders during the Review.

Throughout the pandemic, the WA Government issued several public health and social measures to protect Western Australians which were largely effective. Border controls reduced the number of infections within WA, while the State-wide vaccination program and vaccine mandates were critical to reopening the borders and transitioning to living with COVID-19.

Although these measures underpinned WA's positive health outcomes, the Review acknowledges they did result in some individuals, families and businesses experiencing hardship.

## Blueprint for current and future WA governments

COVID-19 was one of the biggest challenges that WA has faced, but past experience and research into the growing threats posed by emerging human and zoonotic viruses tells us it will not be the last. WA governments must actively plan, prepare and practise for future pandemics and large-scale public health emergencies. The table below shows all 35 of the Review's recommendations organised into a blueprint for future governments to best protect WA from the next pandemic or emergency.

**COVID-19 REVIEW - BLUEPRINT FOR WA GOVERNMENT**

Planning and preparedness	Government programs and processes	Intragovernmental communication and cooperation	Community support, engagement and communication	Public health and social measures
<b>DO NOW IN ADVANCE OF THE NEXT PANDEMIC</b>				
<p>1. Review pandemic-related elements of WA's legislative frameworks</p> <p>3. Review the WA Government Pandemic Plan every 5 years, including through cross agency scenario testing</p> <p>4. Each Department to have an agency-specific pandemic plan</p> <p>5. All government agencies should regularly review crisis management and business continuity plans</p>	<p>8. Increase local manufacturing capacity of PPE and build supply chain resilience more generally</p> <p>9. Maintain an increased level of PPE in medical stockpile</p> <p>13. Ensure digital applications meet universal accessibility standards</p>	<p>14 and</p> <p>15. Amend legislation and policies to better support workforce mobility</p> <p>18. Use the Intergovernmental Agreement on Data Sharing to strengthen data sharing with the Australian Government</p>	<p>23. Review and consider ways to improve mental health support during a pandemic</p> <p>24. Review emergency support for small and medium business and not-for-profit organisations during a pandemic and consider what to provide in a future pandemic</p> <p>25. Improve the capacity of the WA Government to implement time sensitive and emergency related grants payments</p>	<p>29. Advocate for extension of the national COVID-19 no-fault vaccine injury compensation scheme</p> <p>31. Be continually alert to misinformation and disinformation and take necessary actions to counteract</p>
<b>REPLICATE DURING THE NEXT PANDEMIC RESPONSE</b>				
<p>2. Establish an Emergency Management Team or similar informal information sharing body</p>	<p>6. During elimination, provide free and widespread access to highly sensitive testing that is capable of being scaled up and down</p> <p>7. During suppression, provide free and equitable access to testing tools to help members of the community self-manage their risk of illness</p> <p>11. Appoint a Vaccine Commander, with a focus on increasing uptake amongst priority groups</p> <p>12. Ensure vaccines are free and widely distributed</p>	<p>17. Department of Premier and Cabinet to centrally coordinate communications across government</p>	<p>20. Use WA.gov.au as primary source of WA Government communications to the community</p> <p>21. Operationalise a central telephone helpline or another alternative to online information</p>	<p>26. Review and consider trade-offs and broader risk appetite when making decisions on public health and social measures</p> <p>27. Ensure exemptions to border restrictions are clear, transparent and widely publicised, and criteria are consistently applied</p> <p>32. Adopt recommendations from Halton Review and Weeramanthri Review in any hotel quarantine program</p> <p>33. Implement a mixed model of quarantine</p> <p>35. Maintain face-to-face instruction in schools, where possible</p>
<b>ENHANCE DURING THE NEXT PANDEMIC RESPONSE</b>				
	<p>10. Implement centralised procurement and distribution of PPE for all government agencies</p>	<p>16. Implement strategies to reduce key person dependencies, burn out and fatigue risks during long-term emergency situations</p> <p>19. Agencies to provide greater clarity, up front, regarding how they will share, use and dispose of individual information collected during an emergency</p>	<p>22. Better leverage external expertise from business, community and health sectors</p>	<p>28. Provide additional support for organisations delivering critical services across borders</p> <p>30. Any future vaccine mandates should be informed by emerging research, including the project being led by Univeristy of Western Australia</p> <p>34. Allow maritime crew to be safely rotated off ships and onto shore</p>





## Recommendations

The Review has made 35 recommendations. Based on the lessons from the COVID-19 pandemic, these are intended to ensure current and future WA governments are better prepared to respond to future pandemics and large-scale public health emergencies. It includes actions taken during the COVID-19 pandemic that are to be replicated or improved, as well as new actions to be undertaken.

### Term of reference A – Pandemic planning and preparedness

1. The WA Government should, as a priority, undertake a review of the pandemic-related elements of the *Emergency Management Act 2005* and *Public Health Act 2016* to ensure WA's legislative frameworks are fit-for-purpose for future pandemics.
2. Future WA governments should again establish an Emergency Management Team (or similar information sharing body) when any future state of emergency is called, in addition to the emergency management structures established through the relevant legislation.
3. The WA Government Pandemic Plan should be reviewed by the State Emergency Management Committee at least every five years, including through cross-agency scenario testing.
4. Each Department should have an agency-specific pandemic plan, developed to sit underneath the WA Government Pandemic Plan, overseen by the State Emergency Management Committee and with guidance from the Department of Health.
5. All WA Government agencies should schedule regular reviews of crisis management and business continuity plans to ensure they can respond to a future hazard or pandemic of the scale and duration of COVID-19.

## Term of reference B – Government programs and processes to support the health response

6. When adopting an elimination strategy in response to a future virus or pandemic, future WA governments should again provide convenient, free and widespread access to highly sensitive testing (such as ‘polymerase chain reaction (PCR) testing or equivalent) that is capable of being scaled up or down as required.
7. When adopting a suppression strategy in response to a future virus or pandemic, future WA governments should again consider providing free and equitable access to testing tools (such as Rapid Antigen Tests) to help the community self-manage their risk of illness where they exist and meet national standards set by the Therapeutic Goods Administration (or equivalent).
8. The Department of Jobs, Tourism, Science and Innovation (or whichever agency has principal responsibility for economic development in future governments), in conjunction with relevant agencies and local business and industry stakeholders, should consider ways to increase local manufacturing capacity of personal protective equipment and build supply chain resilience more generally.
9. WA Health should maintain an increased level of essential personal protective equipment (such as masks and gowns) in the State’s medical stockpile to ensure that WA is well-equipped for future pandemics and emergencies.
10. The Department of Finance, in conjunction with WA Health, should implement centralised procurement and distribution of personal protective equipment for all government agencies.
11. Future WA governments should again appoint a Vaccine Commander (or equivalent) and do so at the outset of any future State-wide population-level vaccine programs to provide leadership and oversight, with a dedicated focus on increasing uptake by priority groups.
12. Future WA governments should again ensure that, during a pandemic, vaccines are provided free of charge and that access is as widely distributed as possible.
13. Building on the foundation set by the [Digital Inclusion in WA Blueprint](#), the Office of Digital Government should ensure that all digital tools and applications developed by the WA Government meet universal accessibility standards.



## **Term of reference C – Intragovernmental communication and cooperation**

14. The Public Sector Commission should explore amendments to the *Public Sector Management Act 1994* to better support public sector workforce mobility where capabilities of the individual and the new task or role are aligned.
15. The Public Sector Commission should encourage State Government agencies to review existing human resources and industrial relations policies with a view to identifying and removing barriers to workforce mobility for public sector agencies and contracted service providers in a state of emergency.
16. WA public sector agencies should explore methods to reduce key person dependencies, burn out and fatigue risks for longer-term emergency situations.
17. The Department of the Premier and Cabinet should again be designated as the lead agency to centrally coordinate communications across government in a pandemic and this should occur at the outset of any future pandemic.
18. State Government agencies should use the recently signed Intergovernmental Agreement on Data Sharing to strengthen data sharing with the Australian Government.
19. In line with the Privacy and Responsible Information Sharing reforms currently underway, all WA Government agencies should be required to provide greater clarity up front regarding the purpose of collecting individual information and how they will share, use and dispose of data.

## **Term of reference D – Community support, engagement and communication**

20. Future WA governments should, from the start of a pandemic, again use WA.gov.au (or its future equivalent) as the primary source of information for critical government communications provided to the community.
21. Future WA governments should again ensure that a central telephone helpline (or another alternative to online information) is available in a future pandemic or public health emergency.
22. The WA Government should consider ways to improve how it leverages external expertise from the business, community and health sectors to ensure better collaboration during future pandemics or emergencies.
23. Recognising the global mental health impact of COVID-19 experienced by all jurisdictions, the WA Government should review and consider ways to improve mental health supports available during a pandemic to help people manage their mental health and wellbeing.
24. The WA Government should review the emergency support provided for small and medium businesses and not-for-profit organisations during COVID-19 and consider what support should be provided in the event of a future pandemic.
25. The Office of Digital Government should consider how to improve the capacity of the WA Government to implement time sensitive and emergency-related grant payments to individuals and businesses.

## Term of reference E – The effectiveness of public health levers on health outcomes

26. Reflecting on the lessons learned from the COVID-19 pandemic, current and future WA governments should continue to consider the trade-offs between health, economic and social outcomes and the broader risk appetite when making future decisions on public health and social measures such as border restrictions.
27. Where border restrictions are in place, current and future WA governments should again ensure that the process for granting exemptions is clear, transparent and widely publicised, and that exemption criteria are consistently applied.
28. Current and future WA governments should consider how they can more effectively support organisations delivering critical services across border controls in times of emergency.
29. The WA Government should advocate for an expansion of the existing Australian Government COVID-19 no-fault vaccination injury compensation scheme to cover a broader suite of vaccines.
30. Future WA governments should ensure that any future decisions on vaccine mandates are informed by the emerging research and data on vaccine mandates, including the outcomes of the research currently underway by the University of Western Australia on the impact and effectiveness of COVID-19 vaccine mandates.
31. The WA Government and health authorities should be continually alert to misinformation and disinformation regarding public health measures, and take necessary actions to engage with community groups, and the wider public, to counteract such messages.
32. The WA Government should continue to use the recommendations in the Halton Review and the Weeramanthri Review as an ongoing source of guidance for any future quarantine programs.
33. In future pandemics, WA governments should again implement a mixed model of quarantine, including home quarantine, hotel quarantine and quarantine facilities, which is adjusted depending on the risk profile of the pandemic and circumstances of the individuals subject to quarantine.
34. Future quarantine arrangements should be adopted that allow maritime crew to be safely rotated off ships and brought ashore.
35. Future WA governments should again ensure that, where possible, schools remain open during a pandemic so that they can continue to provide essential support to students and the wider school community.

# Introduction

## Background and context

The arrival of COVID-19 had a significant effect on the daily lives of communities around the world.

While the impact of COVID-19 differed across the country and the world, all governments were presented with challenges in managing the ongoing health, social and economic effects of a pandemic of this size and scale.

The first case of COVID-19 in WA was recorded on 21 February 2020. Shortly after, on 11 March 2020, the World Health Organization declared COVID-19 a global pandemic.

In the days and weeks that followed, WA declared a state of emergency under both the *Emergency Management Act 2005* (EMA) and *Public Health Act 2016* (PHA), and governance structures and teams were established to support a coordinated, whole-of-government response.

This marked the start of an almost three year-long response to the pandemic.

During this time, Western Australians were confronted with a variety of challenges, including new variants, local outbreaks, public health measures to minimise the virus and strict border controls for entering the State. As more information and evidence emerged about the virus, the WA Government's response scaled up and down based on the risk level in the community. COVID-19 testing and vaccinations became more accessible, strengthening the government's ability to manage the virus, and WA began the transition towards opening its borders.

Following the reopening of the borders on 3 March 2022, the WA Government progressively evolved its COVID-19 management and response, leading to the end of the state of emergency on 4 November 2022. This signified the end of the acute phase of WA's longest ever emergency management response.

It is important to remember, however, that although the emergency phase of the pandemic has ended, the virus is still circulating in the community and causing serious illness, including deaths, in some people. Members of the community should continue to take precautions against infection, and those for whom further vaccination is recommended should continue to receive them.

## About the Review

On 31 October 2022, just prior to the state of emergency ending in WA, the WA Government announced its intent to undertake an independent Review of WA's COVID-19 Management and Response (the Review).

In February 2023, the panel conducting the Review was appointed and the Review commenced, with this final report provided to the WA Government in June 2023.

The purpose of the Review was to consider what parts of WA's response to COVID-19 worked well and what could be improved, with a view to ensuring that current and future governments are better prepared to manage future pandemics or events.

## Scope of the Review

The Review examined the following aspects of WA's COVID-19 management and response, as outlined in the Terms of reference at Appendix B:

- pandemic planning and preparedness;
- government programs and processes to support the health response;
- intragovernmental communication and cooperation;
- community support, engagement, and communication; and
- the effectiveness of public health levers on health outcomes.

Given the specific focus on the WA Government's management and response to COVID-19, the Terms of reference stated that the Review did not need to examine:

- the Australian Government's role and response to COVID-19 in WA;
- local governments' roles and responses to COVID-19 in WA;
- non-government organisations' roles and responses to COVID-19 in WA; and
- any disciplinary hearings or matters before a court or tribunal, as these are matters for the court or tribunal.

While the role of the Australian Government, local governments and non-government organisations was outside the scope of the Review, the Review did look in detail at how the WA Government's response intersected with other sectors and tiers of government.

The Review focused on the period of the duration of the state of emergency in WA from March 2020 to November 2022.



## Methodology

The Review's findings have been based on the information, findings and themes that emerged during the consultation process, which included interviews, workshops and written submissions from government agencies, business and community organisations, and members of the public.

In addition to the qualitative information gathered through the consultation process, the Review has also been informed by credible, peer-reviewed COVID-19 research in Australia and internationally and by the analysis of key health, economic and social indicators in relation to WA's COVID-19 response at Appendix G.

## Relationship to other reviews

In undertaking the Review, the panel have considered the findings of other COVID-19-related reviews, including:

- the Office of the Auditor General's COVID-19 reports and audits;
- the independent Review of Hotel Quarantine Arrangements in Western Australia (Weeramanthri review) and the National Review of Quarantine (Halton review);
- the Department of Health's evaluation of the WA COVID-19 Vaccination Program; and
- post operations reviews undertaken as part of WA's emergency management framework.

## The Review panel

<b>Hon. John Day</b>	<b>Emeritus Professor Margaret Seares AO</b>	<b>Dr Michael Schaper</b>
<p>Mr Day was the Member for Darling Range and Kalamunda from 1993 to 2017, serving as a Minister for 12 years in total, including in the Police and Emergency Services portfolios from 1997 to 1998 and as Minister for Health from 1998 to 2001 and 2016 to 2017.</p> <p>John is currently the Chairman of the Board of the State Library of WA, a board member of the Art Gallery of WA, and an Honorary Fellow of the Planning Institute of Australia.</p>	<p>Professor Seares was previously the Chief Executive Officer of the WA Department of Arts and Chair of the Australia Council. Margaret is currently an independent reviewer for the State Government's Agency Capability Review Program.</p> <p>Margaret is Chair of the Salaries and Allowances Tribunal and a former Senior Deputy Vice Chancellor at the University of Western Australia.</p>	<p>Dr Michael Schaper is the previous Deputy Chair of the Australian Competition and Consumer Commission and has recently completed a number of reviews for the State Government's Agency Capability Review Program.</p> <p>Michael is currently a National Board Member of the Australian Institute of Company Directors, Chair of the Gaming &amp; Wagering Commission of WA, and Chair of the Board of Energy and Water Ombudsman WA.</p>

## Consultation and engagement

Between February 2023 and April 2023, the panel undertook a range of stakeholder engagement activities.

### Interviews and workshops

The panel undertook 19 interviews with stakeholders, including Ministers, Directors General and other significant public officials. Some stakeholders were interviewed more than once to clarify particular matters raised or explore themes further.

The panel also held nine workshops with representatives from government agencies, peak bodies, community sector organisations, remote community organisations, industry bodies and others. Of the nine workshops conducted, two were delivered online targeting regional participants (regional development commissions and Aboriginal organisations).

### Written submissions

Written submissions for the Review were open from Thursday 16 February 2023 to Thursday 16 March 2023. Government agencies, non-government organisations (including business and community stakeholders) and members of the public were encouraged to make a submission against the Terms of Reference sharing their experiences and insights.

To promote awareness of the Review, an advertisement was placed in The West Australian newspaper and social media posts were published on the WA Government's channels. The panel also directly reached out to more than 140 organisations from a range of sectors inviting them to make a submission.

These included Aboriginal, health, aged-care, and community organisations, as well as courts, culturally and linguistically diverse groups, disability groups, government agencies, the hospitality and tourism sectors, local government, the mining sector, other industry peak bodies and regional development commissions.

The Review received almost 900 written submissions. Of these, 39 were received from organisations and the remainder were received from members of the public.

A list of organisations which made a submission or attended a workshop and a list of people who were interviewed for the Review is at Appendix C.





## COVID-19 in WA

The WA Government's COVID-19 management and response was marked by three stages:



**Eliminating COVID-19**  
to prevent the virus from entering the community.



**Suppressing COVID-19**  
by achieving high levels of vaccination coverage before widespread transmission in the community.



**Living with COVID-19**  
by transitioning to managing COVID-19 in the community long-term.

A timeline of key COVID-19 events in WA is at Appendix D.

### Eliminating COVID-19 in the community (March 2020 – April 2020)

After COVID-19 was declared a pandemic by the World Health Organization in March 2020, and as more information about this novel coronavirus came to light, the WA Government implemented a range of measures to prevent the spread of COVID-19 in the community.

Australia's international borders were closed to non-citizens and non-residents on 20 March 2020, and restrictions were imposed on travel and indoor and outdoor gatherings (including physical distancing requirements).

Like other Australian jurisdictions and countries across the world, WA had previously undertaken some planning regarding how the community would be protected in the event of a pandemic. The WA Government Pandemic Plan, first developed in 2006 and amended in 2008 and 2014, outlined the government's arrangements to manage pandemics. When COVID-19 arrived, the WA Government organised its response under the emergency management structures outlined within the EMA and the PHA.

The cornerstone of WA's response to COVID-19 was the implementation of a range of mandated public health and social measures and test, trace, isolate and quarantine strategies capable of being scaled up and down at points in time, based on the risk level of the virus.

In March and April 2020, the State Government introduced a range of measures to eliminate the potential spread of the virus in WA. These included stay-at-home orders, restrictions on intrastate travel between regions unless essential, mandated quarantine for arrivals into the State, takeaway service only from restaurants, and capacity limits on events and gatherings.

COVID-19 testing clinics were first opened in Perth, at Fiona Stanley Hospital, Sir Charles Gairdner Hospital and Royal Perth Hospital, supported by private collection clinics.

These early stages of the pandemic saw many staff across the public sector adapt and be deployed to critical areas as needed. Agencies across the State worked to make sure essential services could continue to be provided to the community despite the disruption caused by the virus.

WA Police Force established Operation Tide at the start of the pandemic to coordinate the operational response to COVID-19 and support the Department of Health and other agencies. In addition, new systems and technologies were developed early to support the implementation of public health measures.

The Department of Health’s contact tracing system was introduced in April 2020 to support the tracing of the virus by public health teams. In April 2020, the 13 COVID information helpline was established and the G2G Pass system launched, providing people with a way to apply for approval to travel in and around WA when there were restrictions in place.

By mid-April 2020, WA had recorded its last case of community transmission from an unknown source, and apart from a small number of cases that presented thereafter, essentially eliminated community transmission. Public health and social measures gradually eased at the end of that month, with measures continuing to lessen in a staged approach throughout the remainder of the year.

### Suppressing COVID-19 in the community (May 2020 – March 2022)

After the initial response to the pandemic, which was to eliminate the virus in the community, WA’s experience with COVID-19 differed to that of most jurisdictions, with closed borders and no community transmission for the majority of 2020.

In March 2020, a national lockdown occurred in Australia lasting for six weeks (Australian Bureau of Statistics, 2021). Beyond this period, WA only experienced a total of 12 days in lockdown during the pandemic, as shown in the table below.

**Table: COVID-19 Lockdowns in WA<sup>1</sup>**

Dates	Regions affected	Circumstances
31 January 2021 – 5 February 2021	Perth, Peel, South West	Spread of the virus from a hotel quarantine security guard.
24 April 2021 – 27 April 2021	Perth and Peel	A returned traveller tested positive once in the community after quarantine.
29 June 2021 – 3 July 2021	Perth and Peel	A traveller returned to Perth from a Sydney hotspot and tested positive whilst in the community.

.....  
<sup>1</sup> During the lockdown periods in WA, people in affected regions were required to stay at home unless they needed to shop for essential items, attend to medical or healthcare needs, exercise, or attend work (if unable to work from home or remotely).

This next phase of suppression saw a pivot from eliminating the virus to focusing on the rollout of vaccinations to protect the community from serious illness. Keeping COVID-19 out of the WA community gave the State time to prepare for and manage the inevitability of COVID-19 transmission by ensuring a high level of vaccination coverage.

Australia's national COVID-19 vaccination rollout began in February 2021, starting with priority groups such as frontline healthcare workers, quarantine and border workers, and aged and disability care staff and residents, and progressing through a staged approach to vaccinate the wider population. Co-ordinated by the Australian Government, the rollout of vaccinations was supported by the State Government.

The WA Government's own COVID-19 vaccination program was launched soon afterwards, accompanied by the Roll up for WA campaign to encourage uptake. The campaign featured frontline workers, who were among the first vaccinated in WA, sharing their personal reasons as to why they chose to 'roll up their sleeve'.

In August 2021, a Vaccine Commander was appointed to lead and drive the State's COVID-19 vaccine program. A designated team supported this program consisting of experts in data analysis, project management, logistics and communications and engagement.

Further strategies were introduced to support the vaccination program and achieve and maintain high levels of vaccination coverage in WA. In October 2021, a mandatory vaccination policy for most occupations and workforces across the State was introduced in a phased approach. While views on the vaccine mandates remain mixed, it was instrumental in bolstering vaccination coverage across WA.

With proof of vaccination requirements at events and venues in place, and with vaccination rates rising, the State Government began taking steps towards reconnecting with other Australian jurisdictions and the world.

In November 2021, the WA Government released WA's Safe Transition Plan (WA Government, 2021a), outlining the conditions under which WA's controlled border would be eased. A central threshold was that a 90 per cent double dose vaccination rate (for persons 12 years and older) would need to be achieved.

On 13 December 2021, the WA Government announced it would put WA's Safe Transition Plan into action and that the State's hard border controls would ease on 5 February 2022.

However, in late January 2022, implementation of the plan was delayed in response to concerns about the Omicron variant, a new, highly transmissible strain of COVID-19 circulating interstate. In New South Wales and Victoria, Omicron was causing case numbers to rise drastically and hospitalisations to increase, placing a strain on the health system.

The uncertainty about what this could mean for the local community, together with health advice, formed the basis of the decision by the WA Government to delay the border re-opening by a month.

## Living with COVID-19 in the community (March 2022 – May 2023)

WA's borders opened to Australia and the world on 3 March 2022. This marked a new phase of the COVID-19 response, with widespread community transmission quickly taking hold across WA. Western Australians learned what it was like to live with and manage COVID-19 in the community for the first time since 2020.

As COVID-19 began to spread, public health and social measures were in place for the community and all arrivals into the State, with a special focus on protecting people in vulnerable groups and high-risk settings.

Strategies to manage the high caseload of the virus in the community were introduced as WA adjusted to new ways of living and working. This included a critical worker policy with testing and isolation protocols for workers in essential services, designed to maintain continuity of services and operations. Students in school or early childcare who were asymptomatic close contacts were able to continue attending school or childcare to benefit from face-to-face learning.

The transition period saw the enhanced availability of RATs. RATs became a convenient way for the community to detect COVID-19 early and were made widely accessible under the State Government's Free RAT Program, distributed via household deliveries and pop ups at events, shopping centres and train stations.

With open borders and high case numbers in the community, COVID-19 cases reached their peak in May 2022, with more than 16,900 cases reported. Hospitalisations peaked in July with 459 cases in hospital and 24 people in intensive care units.

In late July, COVID-19 stabilised, and many of the supports and structures in place began to be wound down as part of the shift to managing the virus within business-as-usual operations.

In October 2022, in line with National Cabinet decisions applying to the rest of the country, the requirement for COVID-19 cases and close contacts to isolate was removed. This milestone paved the way for WA's state of emergency to end on 4 November, along with the revocation of all public health directions and associated measures and requirements.

In early 2023 the 13 COVID information helpline was shut down and the State's COVID-19 testing clinics gradually began to close.

On 5 May 2023, the World Health Organization announced that COVID-19 no longer constituted a public health emergency of international concern (World Health Organization, 2023b).



# Health, economic and social outcomes of WA's COVID-19 response

## COVID-19 AT A GLANCE

At the State-level, during the state of emergency (SOE), WA experienced a range of health, economic and social outcomes

### WA WAS NEARLY COVID-ZERO IN THE FIRST TWO YEARS OF THE PANDEMIC



### PUBLIC HEALTH MEASURES WERE PUT IN PLACE TO PROTECT WESTERN AUSTRALIANS

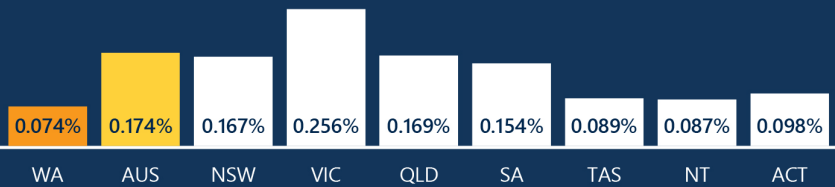
**95%**  
OF POPULATION REACHED TWO DOSES BY MARCH 2022

**5.2% WA VS 7.6% AUS**  
OF ADMISSIONS WHO WAITED MORE THAN 365 DAYS FOR ELECTIVE SURGERY IN 2020-21

**Daily peak of 459** COVID-19 RELATED HOSPITAL ADMISSIONS ON 20 JULY 2022  
**24** COVID-19 RELATED ICU ADMISSIONS ON 21 JULY 2022

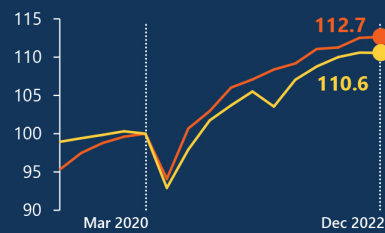
#### COVID-19 FATALITY RATES

WA HAD THE LOWEST FATALITY RATE AMONGST STATES AND TERRITORIES, HALF THAT OF THE NATIONAL RATE



### THE WA ECONOMY CONTINUED TO GROW, DESPITE COVID-19

IN THE PERIOD SINCE THE PANDEMIC, WA HAS GROWN BY 2% MORE THAN AUSTRALIA



State Final Demand of WA (orange) and national average (yellow) (March 2020 to December 2022; to pre-COVID-19 levels), indexed to March 2020

**39%** PRODUCTION GREW IN EVERY SECTOR WITH THE HIGHEST GROWTH IN AGRICULTURE

BUSINESS CONFIDENCE DROPPED IN 2020 BUT QUICKLY BOUNCED BACK TO THE HIGHEST LEVELS SINCE 2010 **+20pts**

IN LATE 2021, WA AVOIDED THE DIP IN EMPLOYMENT THAT AUSTRALIA EXPERIENCED



Number of Western Australians who are employed (orange), compared to the national average (yellow), indexed to March 2020

### BUT WESTERN AUSTRALIANS HAVEN'T BEEN IMMUNE TO THE STRESS OF COVID-19

**10.8% WA VS 11.2% AUS** POPULATION RECEIVING MEDICARE-SUBSIDISED MENTAL HEALTH-SPECIFIC SERVICES IN 2020-21

**19,437 TO 22,880**

REPORTED CASES OF FAMILY AND DOMESTIC VIOLENCE IN WA (2019 to 2021)

**20 DAYS** WA SCHOOLS REMAINED OPEN, WITH 20 DAYS OF OPTIONAL REMOTE LEARNING



## Term of reference A: Pandemic planning and preparedness

### Key findings:

- Emergency management structures were mobilised quickly under the EMA and the PHA to respond to the immediate threat of COVID-19.
- Amendments to the EMA, PHA and a range of other legislation supported the management of the pandemic and were required, as the existing legislative framework was initially not fit-for-purpose for a pandemic of the nature of COVID-19.
- The EMT, established to bring senior government officials together to discuss urgent issues relating to COVID-19, was a particularly useful tool for facilitating the timely sharing of information across government.
- The revised WA Government Pandemic Plan in March 2020 was more effective in supporting the WA Government's response, with the original WA Government Pandemic Plan (2008) not adequate for an emergency of the size and scale of COVID-19.
- While most State Government agencies had pre-existing plans and structures in place to respond to hazards and natural disasters, agencies with emergency management experience were better prepared to manage COVID-19. The nature of the pandemic required non-crisis agencies to adapt their operational profile to support the response.

### Introduction

The COVID-19 emergency rapidly escalated from an emerging threat in February 2020, to the declaration of the first ever state of emergency under the EMA and PHA in March 2020.

The WA Government had various plans, structures and emergency management legislation in place prior to COVID-19 which were used throughout the course of pandemic. While these did not address the entire range of issues which arose from COVID-19, they provided a useful starting point for the government's response.

This chapter examines WA's legislative framework for managing a pandemic (including amendments made to support the COVID-19 response), governance and decision-making arrangements, and the State's planning and preparedness for COVID-19 and future pandemics.

### Legislative frameworks

The EMA and PHA were the key pieces of legislation underpinning WA's COVID-19 response.

The EMA provides for the prompt and coordinated response to a full range of hazards, including a plague or epidemic. It provides for emergency management governance arrangements and details emergency management roles and responsibilities at a State, district and local level in relation to the four aspects of emergency management: prevention, preparation, response and recovery.

The PHA regulates public health in WA. It is an Act to protect, promote and improve the health and wellbeing of the public and to reduce the incidence of preventable illness. Objectives of the PHA include promoting public health and wellbeing in the community, informing individuals and communities about public health risks, and supporting programs and campaigns intended to improve public health.

Under the EMA and PHA, when certain requirements are met (such as a situation where there is an emergency and extraordinary measures are required to prevent or minimise loss of life or harm to people), a state of emergency declaration may be made by the Minister for Emergency Services under the EMA, and the Minister for Health under the PHA, and emergency powers become available.

Although a combination of powers under the EMA and PHA were used to manage COVID-19, the EMA was the main piece of legislation relied upon as it provided for a coordinated, whole of government and multiagency emergency response.

The powers under the EMA and PHA enabled public health and social measures to be implemented through the issuing of directions. The State Emergency Coordinator issued directions under the EMA and the Chief Health Officer issued directions under the PHA.

Most directions to implement public health and social measures during the pandemic (such as border closures, lockdowns, testing and isolation requirements) were made by the State Emergency Coordinator under the EMA, relying on section 72A of the Act and other emergency powers.

Other directions were made by the Chief Health Officer under the PHA, including directions relating to restrictions on entering certain workplaces unless vaccinated, rules pertaining to visiting high risk facilities, and wastewater testing directions. The directions spanned the entirety of the State Government's response to the pandemic – from measures that affected most of the population to those that related to specific individuals (including AFL hubs and performers from CHESSE the Musical).



## Case study: COVID-19 directions and the State Solicitor's Office

WA's COVID-19 management and response was underpinned by the public health measures and the associated directions that were issued to minimise the effects of the virus.

The State Solicitor's Office worked tirelessly throughout the pandemic, often working around the clock to draft complex directions and other legal instruments. There were more than 1,500 directions issued during the pandemic. The State Solicitor's Office was responsible for drafting most of these, with WA Health's<sup>2</sup> legal team also involved in the drafting of certain directions made under the PHA.

The drafting of directions was done in close collaboration with the State Emergency Coordinator, the Chief Health Officer and key agencies, including WA Police Force. Due to the fast-paced and dynamic nature of the pandemic, with its risk levels changing constantly, the State Solicitor's Office drafted directions in extremely short timeframes catering to many different and often unprecedented situations.

While there was a high level of compliance with the directions, there were also prosecutions for breach of the directions and claims made against the WA Government, which required State Solicitor's Office advice and support.

In addition, the State Solicitor's Office played a key role in supporting the public sector during COVID-19 by providing advice on a range of matters such as the interpretation of the directions, legislation impacted by the directions, and legislative amendments required to strengthen the WA Government's capacity to respond to the pandemic.

Bespoke procurement agreements and policies were developed by the State Solicitor's Office to support the purchase of RATs and other equipment required for COVID-19 management in a highly competitive and time sensitive market. A suite of commercial agreements also required variation so they were better tailored to a pandemic context.

## State of emergency declarations

On 15 March 2020, the Minister for Emergency Services declared a state of emergency in WA due to the COVID-19 pandemic. On 16 March the Minister for Health declared a public health state of emergency.<sup>3</sup>

Under the EMA and PHA there is no limit on the number of times a state of emergency may be extended, but both acts provide that it may only be extended for up to 14 days at a time.

During the state of emergency period, the Minister for Emergency Services and the Minister for Health extended the state of emergency declarations every 14 days under the EMA and the PHA respectively, with advice from the State Emergency Coordinator and Chief Health Officer.

The state of emergency came to an end at 12:01am on 4 November 2022.

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<sup>2</sup> The term 'WA Health' refers to the Department of Health, Health Support Services, the six metropolitan health service providers, and the WA Country Health Service.

<sup>3</sup> Unless otherwise specified, the term 'state of emergency' has been used in this Review to refer to both the public health state of emergency declared under the PHA and the state of emergency declared under the EMA,



## Amendments to the EMA and PHA

A number of limitations regarding powers under the PHA and EMA were identified early in the pandemic.

For example, the EMA was conceived in the context of relatively short-term, finite events such as cyclones, floods, and bushfires, and lacked a broad power to equip emergency management personnel to respond to longer events than previously contemplated.

Procedural requirements under the EMA and PHA relating to the issuing of directions were also not suited to a pandemic where the broader community needed to be directed, and the PHA lacked mechanisms to support implementation of the hotel quarantine system, which was managed by the State Health Incident Control Centre (SHICC).

In April 2020, the *Emergency Management Amendment (COVID-19 Response) Act 2020* amended the EMA by:

- inserting section 72A, a pivotal provision for the COVID-19 response, which allowed an authorised officer to direct a person or class of persons to take any action that the officer considers reasonably necessary to prevent, control or abate the risks associated with an emergency and to direct a person to provide certain types of information;
- providing certainty that directions could be made to a group or class of persons and did not need to be directly given to a person; and
- strengthening the offence provisions.

Amendments were also made to the PHA in late 2020, including amendments to enable fees to be imposed on people required to enter hotel quarantine and to enable recovery of costs associated with the decontamination of premises, including vessels.

In November 2022, section 72A of the EMA was further amended, limiting its application to a COVID-19 state of emergency.

## Governance and decision making

The governance structure used to support the COVID-19 state of emergency was complex due to the breadth of the response and need for a coordinated and integrated approach.

As shown in Appendix E, consistent with any emergency, there were several structures and roles established under the EMA to support the WA Government's pandemic response.

This included governance mechanisms such as the State Emergency Coordinator, State Disaster Council (SDC), State Recovery Controller, Hazard Management Agency (HMA) and State Emergency Coordination Group (SECG). The EMA framework also established the SHICC and the State Welfare Incident Control Centre (SWICC), which were critical to the delivery of the State Government's response.

Key agencies supporting the WA Government's management and response to COVID-19 included the Department of Health, WA Police Force, Department of Communities, Department of Premier and Cabinet, Public Sector Commission, Department of Treasury, Department of Fire and Emergency Services and the State Solicitor's Office.

Structures and roles established under the EMA were mobilised rapidly, largely due to the pre-existing understanding of these structures which are used for any emergency under the EMA.

As the COVID-19 response developed, the WA Government identified that these structures alone were not sufficient to manage the pandemic and more bespoke arrangements were needed.

The EMT was established to bring key government stakeholders together to share critical information relating to WA's COVID-19 response. Membership of the EMT comprised the Minister for Health (as Chair), Premier, State Emergency Coordinator, Chief Health Officer, Director General of the Department of Health (as the HMA), State Recovery Controller and Director General of the Department of the Premier and Cabinet.

Other Ministers and senior government officials were invited to attend the meetings as required, including observers from the State Solicitor's Office and the Department of the Premier and Cabinet's COVID-19 Communications team. Meeting up to three times per day during the peak of the pandemic, the EMT allowed members to share the most current information around issues such as public health advice and COVID-19 statistics and ensured that the WA Government's response was coordinated.

Although not legislated nor a formal governance body, the establishment of EMT was essential to how WA managed the pandemic. Having a small number of key senior officials in the same place at the same time enabled EMT to function in an agile manner, reduced inefficiencies and facilitated timely sharing of information.

### What the Review heard

Stakeholders highlighted opportunities for the WA Government to further strengthen legislation to ensure the State is well prepared for future pandemics.

The Review heard that the 2022 amendments to restrict the application of the powers under Section 72A of the EMA to a COVID-19 state of emergency limited the State's powers to respond to other emergencies or pandemics.

Stakeholders also raised concerns that using two separate pieces of pandemic-related legislation can run a risk of not being coordinated and lead to a duplication of effort. Not having the Department of Justice included in the EMA as an emergency management agency was considered by Justice as a challenge, as it affected the agency's ability to direct tasks and provide support arrangements in the crucial areas of courts and prisons.

There were divergent views on whether the 14-day time period for a state of emergency declaration should be extended. Some stakeholders noted that 14 days was a reasonable length, as it provided the Minister for Emergency Services and the Minister for Health an opportunity to review the evidence regularly. Others felt that the process created an unnecessary administrative burden, particularly for the State Solicitor's Office, given the extended duration of the state of emergency from March 2020 until November 2022.

Stakeholders noted that the COVID-19 state of emergency governance arrangements were complex but acknowledged this was reflective of the unprecedented environment the WA Government was operating within. The establishment of EMT was viewed as critical to the success of the government response, with stakeholders noting that a similar information sharing body should be established in a future state of emergency.

The Review heard suggestions that consideration be given to expanding the membership of EMT (or similar bodies established to respond to a future pandemic) to include relevant Ministers and heads of agencies as appropriate, such as a human services agency, the Department of Justice, and, given the high risks posed by zoonotic viruses, the Department of Primary Industries and Regional Development.

There was also feedback from stakeholders about the roles and responsibilities of agencies under the emergency management legislation. Under the EMA, the State Emergency Coordinator is the person who holds the position of the Commissioner of WA Police Force. Accordingly, WA Police Force was a key agency supporting the

State Emergency Coordinator during COVID-19. However, the breadth of the pandemic response required the State Emergency Coordinator to make policy decisions across a range of sectors. The Review heard that particularly at the start of the pandemic, decision making by the State Emergency Coordinator could have been improved with closer consultation with agencies that had subject matter expertise (e.g. international education).

## Recommendations

### Recommendation 1:

The WA Government should, as a priority, undertake a review of the pandemic-related elements of the EMA and PHA to ensure WA's legislative frameworks are fit-for-purpose for future pandemics.

### Recommendation 2:

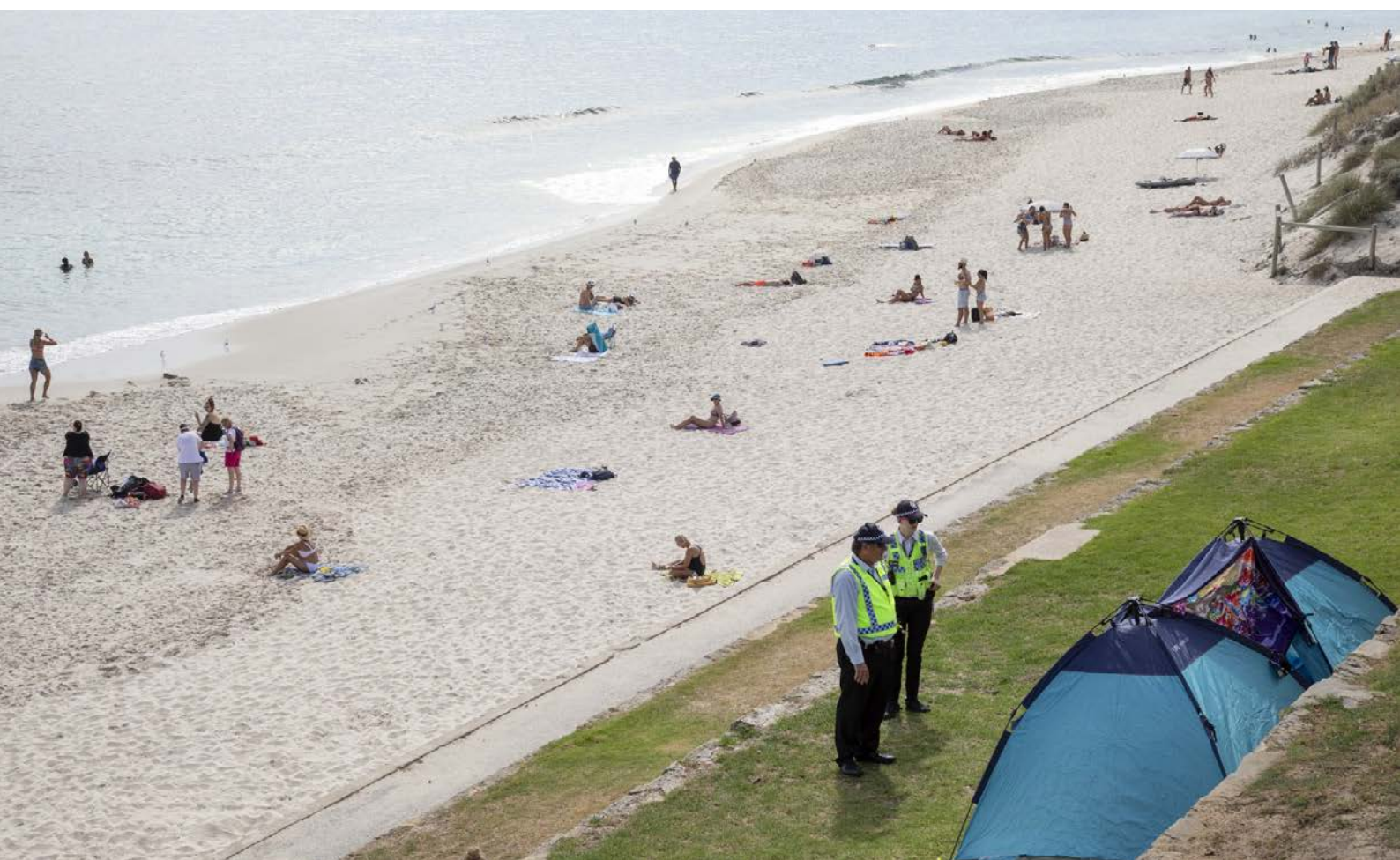
Future WA governments should again establish an EMT (or similar information sharing body) when any future state of emergency is called, in addition to the emergency management structures established through relevant legislation.

### Implementation suggestions:

- The review should include consideration of the appropriate governance, roles/responsibilities, powers, accountability, and the length of a declaration (i.e. 14 days or longer).

### Implementation suggestions:

- The EMT (or equivalent) should meet as often and as long as required to support the sharing of information and deliberation by key government officials.
- Consideration should be given to expanding the membership to include other relevant agencies where appropriate to do so.



## Planning and preparedness

Following the emergence of the highly pathogenic H5N1 avian influenza virus in Asia in 2003, the risk of a virus that was transmissible between humans led to pandemic planning becoming a national concern.

In July 2006, the National Action Plan for Human Influenza Pandemic (Department of the Prime Minister and Cabinet, 2009) was published by the Australian Government. It outlined how Australian, State, Territory and local governments would work together to protect Australia against the threat of an influenza pandemic. Supporting this plan were the more detailed pandemic plans of each Australian jurisdiction, including the Western Australian Government Human Influenza Pandemic Plan (the WA Government Pandemic Plan).

The WA Government Pandemic Plan is a publicly available document that aims to be applicable to mild, moderate or severe pandemics. It:

- outlines the Western Australian governance arrangements for, and approach to, minimising the impacts of a pandemic;
- provides guidance on preparedness to the community, businesses and government bodies; and
- outlines the roles and responsibilities of key government bodies in the event of a pandemic.

The WA Government Pandemic Plan was revised in 2008 to reflect the work of the WA Government Human Influenza Pandemic Taskforce and to align with the national pandemic planning that was underway at the time. Further amendments were made in 2014 to take into account developments since the 2009 H1N1 ('Swine Flu') pandemic.

Following the Australian Government releasing the updated National Pandemic Plan in early 2020 in response to the threat of COVID-19, the WA Government, led by the Department of the Premier and Cabinet, revised and reissued the WA Government Pandemic Plan in March 2020 to align with the national plan (WA Government, 2020b). Further minor revisions were made in June 2020.

The WA Government Pandemic Plan provided a basis for the development of individual agency and sector COVID-19 responses. Several agencies developed their own agency-level pandemic plans and sub-plans to guide their response to COVID-19, including the Department of Training and Workforce Development, the Department of Justice, the Department of Transport and the Department of Fire and Emergency Services.

WA public sector bodies have business continuity plans to ensure they can respond to and recover from any business disruption. The WA Government Pandemic Plan states that individual agency responses, and therefore the development of pandemic plans, are required to be in line with their business continuity plans, the WA Government Pandemic Plan, the State Hazard Plan and other relevant plans.

Under the EMA, the State Emergency Management Committee (SEMC) is required to arrange for the preparation of emergency management plans for a range of prescribed hazards. The Human Biosecurity State Hazard Plan, developed in May 2019, provides an overview of arrangements for two hazards – the management of a human epidemic and the actual or impending release of a harmful biological substance.

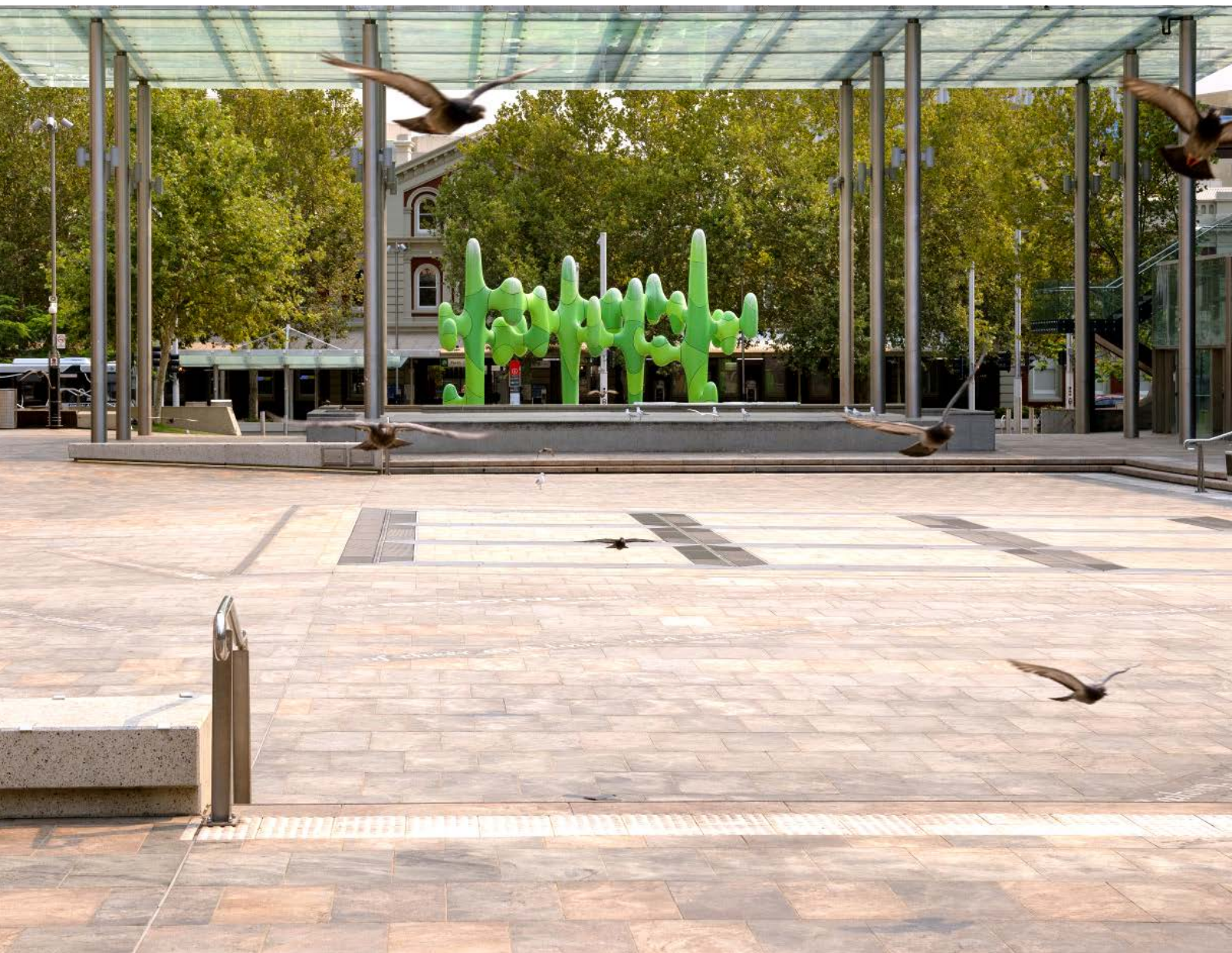
The Human Biosecurity State Hazard Plan contains information on arrangements for prevention, preparedness, response and initial recovery. The Department of Health is the HMA for a human biosecurity event and is the responsible agency for this plan.

Preparation for, and responses to, emerging and ongoing biosecurity issues (including where there is a risk of zoonotic diseases that can be transmitted between humans and animals) are covered under the Western Australian Biosecurity Strategy 2016-2025, for whom the lead agency is the Department of Primary Industry and Regional Development. The Review does note that the Strategy was last updated before the COVID-19 pandemic and so may need to be further updated.

### What the Review heard

There was broad consensus from respondents that when the WA Government Pandemic Plan was developed it did not envisage an event of the scale, duration and severity of COVID-19. As a result, it was not entirely-fit-for-purpose at the outset of the pandemic. Amendments in March 2020 and June 2020 supported the WA Government in responding to and managing the virus, with stakeholders highlighting the value of the WA Government Pandemic Plan after revisions were made. These revisions included aligning with the National Pandemic Plan, broadening the WA Government Pandemic Plan beyond influenza and updating pandemic planning resources.

The WA Government Pandemic Plan was seen as especially useful in helping to establish processes and structures in the early days of the WA Government's response.



There was limited awareness within government of the WA Government Pandemic Plan before the COVID-19 pandemic arrived, with knowledge primarily limited to relevant key agencies, including the Department of Health, the Department of Fire and Emergency Services and WA Police Force. While acknowledging the seriousness of potential pandemics, in the pre-COVID-19 era most stakeholders did not believe it necessary for all arms of government to have individualised agency pandemic plans.

Non-government stakeholders, including business associations and community organisations, stated they were uncertain of their role in implementing the WA Government Pandemic Plan and were unsure of who the appropriate government contacts were. This was a source of frustration for businesses when trying to enforce relevant restrictions and feeding information back to government. It was suggested that greater involvement by non-government stakeholders (including primary care bodies, allied health entities, business and industry groups) in pandemic planning and scenario testing would have strengthened the State's pandemic response.

According to a 2021 study, the likelihood of future pandemics similar to COVID-19 is high and increasing and globally individuals have on average a 38 per cent probability of observing another pandemic similar to COVID-19 in their lifetime (Marani et al., 2021). With this in mind, the Review heard consistent feedback that the WA Government should conduct regular emergency management training and scenario testing to help prepare all government agencies for future pandemics and raise awareness. Due to the likelihood of future pandemics caused by zoonotic diseases, relevant stakeholders should also be familiar with and have a clear understanding of WA's biosecurity system, and what may be required to manage human and animal pandemics.

Government stakeholders noted there was some uncertainty surrounding individual agencies' roles in the response at the beginning of the pandemic. Although agency-specific pandemic plans were not required, the high-level nature of the WA Government Pandemic Plan required several policies and sub-plans to be developed underneath. Stakeholders highlighted the importance of each agency having their own pandemic plan and regularly reviewing business continuity requirements to ensure preparedness for future pandemics.



Stakeholders in the health industry noted the WA Government Pandemic Plan was a useful overarching guide for organisations to develop their own more localised or specific initiatives, although others noted it was not detailed enough to be adopted across industries, nor did it adequately consider implications for service delivery or health services.

It was highlighted that COVID-19 was the first time that an emergency had affected the State on such a scale. Business continuity plans were essential to ensuring that agencies were able to continue to operate through the disruption caused by the pandemic and the Review heard that they were activated in a timely manner.

While most State Government agencies had some pre-existing structures and resources in place to respond to a generic crisis, the Review heard that agencies with a responsibility under the EMA, or who formed part of existing emergency management structures (such as the Department of Fire and Emergency Services and WA Police Force), were better prepared than other areas of government when COVID-19 arrived. Agencies whose business-as-usual operations were removed from emergency management required additional training and assistance to safely respond to the pandemic.

Following the upskilling and training of agencies in emergency management, several agencies (including the Department of Communities and the Department of Education) established and operated internal incident management teams over the course of the pandemic. While these teams were effective, some stakeholders felt that the transition to an emergency management structure in line agencies was too slow and that staff should be upskilled ahead of time to ensure a coordinated and timely response in the future.

There was strong support for the WA Government to conduct regular emergency management training and scenario testing to raise awareness of pandemic management procedures and help prepare all government agencies for future pandemics or emergency events.

The Review also heard that prioritising resources to address multiple and potentially parallel emergency responses (such as cyclones and bushfires) in addition to a pandemic is something that future Governments will need to consider and prepare for, and that this will have particular implications for staff working in fire and emergency management roles.

### **Case study: SEMC State Risk Profile Project**

The SEMC State Risk Profile Project aims to systematically assess the risks posed by the 28 prescribed hazards under State emergency legislation. The Project conducted a number of human epidemic risk assessments between 2015 and 2018 involving 34 WA Government agencies and stakeholders, with the human epidemic hazards being assessed at the State level and within the Goldfields-Esperance, Kimberley, Pilbara, and Wheatbelt Emergency Management districts. The lessons and observations from these exercises assisted the State to review emergency management capability in respect of COVID-19.

The Review heard that including districts with higher populations such as the Perth Metropolitan area in scenario planning may have identified further strategies to manage a COVID-19 type event.

## Recommendations

### Recommendation 3:

The WA Government Pandemic Plan should be reviewed by the SEMC at least every five years, including through cross-agency scenario testing.

### Implementation suggestions:

- Regular cross-agency scenario testing be undertaken to keep the public sector 'match fit' for responding to future pandemics.
- Feedback should be sought on the WA Government Pandemic Plan from community, business and Aboriginal organisations during the review process and these stakeholder groups should be included in scenario testing as appropriate.
- A definition of critical workers for different pandemic scenarios should be included in the WA Government Pandemic Plan.

### Recommendation 4:

Each Department should have an agency-specific pandemic plan, developed to sit underneath the WA Government Pandemic Plan, overseen by the SEMC and with guidance from the Department of Health.

### Implementation suggestions:

- Agency-specific pandemic plans should be regularly updated and tested with stakeholders inside and outside of government.
- Other relevant public sector agencies and government trading enterprises should also consider developing their own agency-specific pandemic plan.

### Recommendation 5:

All WA Government agencies should schedule regular reviews of crisis management and business continuity plans to ensure they can respond to a future hazard or pandemic of the scale and duration of COVID-19.

### Implementation suggestions:

- Agencies should consider establishing dedicated and ongoing incident management teams where appropriate.
- Given the growing risk of future pandemics caused by zoonotic diseases, the Department of Primary Industry and Regional Development should consider updating the Western Australian Biosecurity Strategy prior to its expiry in 2025 to take into account the lessons learned from COVID-19.



## Term of reference B: Government programs and processes to support the health response

### Key findings:

- Given the importance of testing and vaccination in measuring the disease profile and reducing the severity of disease, planning for these activities was vital. However, some vulnerable cohorts, including people with a disability, older Western Australians and Aboriginal people, faced barriers to accessing the government programs developed in response to COVID-19.
- PCR testing was an important action for diagnosing the prevalence of, and then controlling the spread of, the virus. With the assistance of private pathology providers, WA was able to quickly scale up testing capacity to meet demand.
- WA's approach to sourcing RATs, PPE and ventilators helped to contribute to a positive health response. However, a reliance on just-in-time procurement, a lack of local manufacturing capacity and limited consultation between the Departments of Health and Finance made WA vulnerable to supply chain disruptions of these commodities when COVID-19 arrived.
- The pandemic drove an acceleration in the development and uptake of digital solutions. This helped to fast-track online service delivery and engagement across a range of areas, including telehealth and education. More investment in digital infrastructure and user support will be needed to ensure that vulnerable groups and people in the regions are not left behind.
- Government programs and digital applications should be universally accessible and designed in a way to meet the needs of all users.

### Introduction

Over the course of the pandemic, the WA Government implemented a range of COVID-19 programs and processes to support the health response and keep the community safe.

This chapter examines some of the most significant of these, including COVID-19 testing, the roll out of a State-wide vaccination program, the procurement and supply of PPE, and the development and use of digital applications such as SafeWA and ServiceWA.

### COVID-19 testing

#### PCR testing

Establishing PCR testing capacity across the State was a key element of the WA Government's COVID-19 response.

During the height of the pandemic, PCR testing in the public health system was provided through seven metropolitan and three regional clinics, as well as all regional hospitals via emergency departments. Additional PCR testing capacity was also made available through the private health system, including community-based COVID-19 collection centres and private hospitals, as well as through respiratory clinics and aged care facilities run by the Australian Government.

At a State level, COVID-19 testing in WA was governed by directions issued by the Chief Health Officer under the PHA. These specified who could request a COVID-19 test, when an individual could be tested, and which tests were able to be used to diagnose COVID-19 (Department of Health and Aged Care, 2022a).

In addition, the Police Commissioner, in his capacity as State Emergency Coordinator, was able to issue directions for testing under the EMA. These required various categories of people to present for testing within set timeframes, such as those wishing to enter WA from interstate.

As the pandemic evolved, so too did the WA Government's testing strategies. These were amended to respond to the epidemiological situation and overall public health aims. During 2020 and 2021, testing strategies were targeted at detecting and suppressing COVID-19 in the community, and PCR testing was preferred due to its diagnostic accuracy and the lack of available alternatives.

By early 2022 vaccination rates had increased, COVID-19 was more prevalent in the community and RATs were more widely available and accepted as an alternative to PCR testing. As a result, the focus of the State's testing strategy shifted to helping people self-manage COVID-19 through RAT testing while preventing serious illness and hospitalisations among those most at risk.

### What the Review heard

During consultation for the Review stakeholders commented positively on the speed at which public PCR testing clinics were established and the ease of access owing to the various locations and opening hours. However, some groups felt that access could have been improved for vulnerable cohorts such as people with a disability.

For most people, SMS was a quick and convenient way to receive their PCR test results and allowed those returning a negative test to leave isolation and return to work quickly. Providing access to payments for people awaiting their test result and unable to attend work was also welcomed, particularly for casual workers.



The Review heard that initially the eligibility for PCR testing was too limited, with people being turned away from PCR testing sites despite working in the healthcare sector and displaying respiratory symptoms.

During March 2020, testing could only occur if the person had a fever or acute respiratory infection and was a healthcare worker with direct patient contact. The testing criteria for this latter group included healthcare workers in the aged care and disability fields, whilst other significant healthcare workers, such as dentists and dental support staff, reported being turned away from testing clinics. Eventually all healthcare workers with an Australian Health Practitioner Regulation Agency card were eligible to access testing, but a number of stakeholders commented that this had been a significant and unnecessary delay.

It was suggested that greater flexibility around testing criteria would have been beneficial, particularly in the initial stages of the pandemic. It was also acknowledged that the additional pathology capacity provided by the private sector was essential to the successful operation of the State's PCR testing regime.

## Recommendations

### Recommendation 6:

When adopting an elimination strategy in response to a future virus or pandemic, future WA governments should again provide convenient, free and widespread access to highly sensitive testing (such as PCR testing or equivalent) that is capable of being scaled up or down as required.

### Implementation suggestions:

- The Department of Health should work with private pathology providers to make extra surge capacity available.
- The WA Government should consider providing financial and welfare support for people waiting for their test results to encourage compliance with self-isolation requirements.
- Where possible, a quick and convenient method such as SMS should be used to provide test results (with alternatives available for people without access to a mobile phone). This will allow people who test negative to leave self-isolation as soon as possible.

## RATs

RATs were introduced for the general population in January 2022, offering an alternative to PCR testing to detect and limit the spread of the virus in the community as well as a way for people to self-manage COVID-19 where possible.

In total, 110.7 million RATs were procured by the WA Government through both the Department of Finance and WA Health. This procurement occurred at a time of significant uncertainty, with the expectation that any order quantities would be unlikely to be filled due to strong global competition and limited manufacturing capacity and supply.

In February 2022 the WA Government announced an initial 5.3 million free RATs for more than one million households across the State, making it the first jurisdiction to provide free RATs to the public.

Throughout 2022 and 2023 free RATs were made available to the community via a range of mechanisms including pop up locations, schools, the electorate offices of Members of Parliament, and dedicated drive-through collection points. RATs (along with other PPE such as masks) were also provided to people working with vulnerable clients via the Department of Communities.

As at 5 June 2023, more than 89.8 million RATs had been distributed to WA households, community service organisations and health professionals. At that time, there were approximately 18.7 million self-test RATs and 1.2 million professional use RATs still available.

### **What the Review heard**

The provision of free RATs by the WA Government was welcomed, particularly in the regions where access to PCR testing was more difficult than metropolitan areas. Different regions reported varying access to RATs, with the Kimberley in particular having had problems with access. Overall, stakeholders reported that the provision of RATs greatly supported the easing of restrictions and were particularly useful during the period when close contacts were not required to isolate if they tested negative using a RAT.

While the handing out of free RATs was seen as a positive, many people felt that the WA Government was too slow to act in securing and approving their use once they became available. In contrast, other stakeholders noted that this was due to a cautious approach taken by the Chief Health Officer in order to prioritise PCR testing.

Some agencies felt that the initial supply of RATs to their frontline staff was not done quickly enough. This delay was especially felt where staff were interacting with vulnerable and immunocompromised people in environments that were not specifically designed for infection prevention and control.

On 3 May 2023, the Office of the Auditor General published the State Government 2021-22 – Part 2: COVID-19 Impacts report (Office of the Auditor General, 2023). The report was intended to provide greater transparency and a public record of the irregular decisions and transactions that occurred during the pandemic. In the report, the Auditor General acknowledged the uncertainty that the pandemic created but noted the escalation in the cost of procuring RATs over a short timeframe, and the lack of due consideration of the impacts.

In its response, Health Support Services (a part of WA Health) emphasised they were asked to undertake an emergency procurement of RATs in a highly competitive and time-sensitive market. Demand far outstripped global supply and there was the risk to the health and safety of the WA community if RATs were not made available.

The panel acknowledges and supports the Auditor General's recommendations relating to RAT procurement in the COVID-19 Impacts report.

## Recommendations

### Recommendation 7:

When adopting a suppression strategy in response to a future virus or pandemic, future WA governments should again consider providing free and equitable access to testing tools (such as RATs) to help the community self-manage their risk of illness where they exist and meet national standards set by the Therapeutic Goods Association (TGA) (or equivalent).

### Implementation suggestions:

- Where limits on the supply of testing tools exist, access should be prioritised for vulnerable cohorts, people working in high-risk environments and critical workers.

## Masks, ventilators and personal protective equipment

From the beginning of the pandemic response there was the need for the rapid procurement, management and distribution of masks, ventilators and other PPE such as gowns, gloves, sanitizer, safety glasses and visors.

In March 2020, the WA Government announced \$15 million for the procurement of 200 intensive care beds, 301 ventilators, 4000 pulse oximeters and 201 humidifiers to bolster health resources and avoid the shortages that were already being experienced overseas.

The lack of local PPE manufacturing capability meant that WA was one of many jurisdictions attempting to source these items in the open market. This was extremely challenging due to the increase in demand worldwide and disruptions to global supply chains. It required government to adopt a more agile approach to procurement. This included, for example, WA Health chartering a plane to collect PPE supplies directly from China.

Between May 2020 and May 2021, temporary changes to State procurement controls in the State Supply Commission's Open and Effective Competition Policy and Procurement Planning, Evaluation Reports and Contract Management Policy were put in place. These changes were designed to reduce the barriers for new suppliers, expedite the awarding of contracts and maximise opportunities for local businesses.

### What the Review heard

Business and community stakeholders told the Review that PPE was extremely difficult to source at the beginning of the pandemic. Some remote Aboriginal communities and health providers reported having to source and purchase their own PPE which, due to the shortages being experienced worldwide, was more expensive and of an inferior quality than prior to the pandemic.

Primary care providers also experienced an inability to access PPE, which meant that, in some situations, patients were discouraged from visiting their GP if they were infectious. Service providers in the disability sector also reported experiencing initial problems in obtaining masks, which were essential for servicing their clients.

Once supply constraints eased, organisations described being approached by multiple government agencies with offers of PPE and/or requests to distribute PPE to their members, staff or clients, and felt that greater coordination by government was needed.

Agencies responsible for the procurement of PPE echoed the difficulties in securing stock due to supply chain issues and competition for limited supply.

Initially individual State Government agencies managed their own ordering, storing and distribution of PPE for their staff and funded service providers.

To reduce duplication of effort across agencies and streamline the process, subsequent orders of PPE were eventually centrally procured and distributed by the Departments of Health and Finance. Agencies spoke positively about the shift to a centralised model, which they felt was more efficient and eliminated competition between agencies for limited stock.

Many stakeholders felt that better planning and foresight around the supply of PPE was needed. There was also strong support for increasing the overall contingency level of PPE and testing equipment held in warehouses by the State.

### **Case study: Public transport during COVID-19**

The COVID-19 state of emergency in WA prompted a series of immediate actions by the Public Transport Authority with regards to the delivery of important public transport services.

At the initial peak of the crisis in April 2020, patronage on the Transperth network fell by almost 90 per cent. In response, the Public Transport Authority invoked reduced train and bus timetables from 6 April 2020 for approximately four weeks. By early May 2020, normal service arrangements resumed on all modes.

To keep drivers and passengers safe, the following measures were implemented on public bus services:

- passengers were encouraged not to travel if sick and to observe as much distancing as possible from fellow passengers;
- the front row of seats behind and to the left of the bus driver were blocked off;
- drivers were not required to handle cash and issued with personal hand sanitiser;
- exiting from the rear door of buses was encouraged;
- roof vents on buses were encouraged to be open to enable the flow of fresh air; and
- a comprehensive nightly bus sanitisation and cleaning regime was introduced, along with limited in-service cleaning at some CBD bus station locations.

During this period, Transperth train operations introduced in-service railcar sanitisation arrangements at selected train stations, along with nightly sanitisation of all railcars and staff facilities. Train station passenger high-touch points like railings and ticketing machines were sanitised on an hourly basis between 6:00am and 8:00pm.

When the Omicron wave started in March 2022, Transperth issued bus drivers with COVID-19 kits which included a personal supply of face masks, hand sanitiser and sanitising wipes, and issued 'sneeze guards' to instal on driver security screens. From early 2022, bus drivers were mandated to be fully vaccinated against COVID-19 as part of the WA Government's mandatory vaccination policy.

## Recommendations

### Recommendation 8:

The Department of Jobs, Tourism, Science and Innovation (or whichever agency has principal responsibility for economic development in future governments), in conjunction with relevant agencies and local business and industry stakeholders, should consider ways to increase local manufacturing capacity of PPE and build supply chain resilience more generally.

### Implementation suggestions:

- The WA Industry Participation Strategy be used to increase the share of contracts for the manufacture and supply of PPE held by local businesses.

### Recommendation 9:

WA Health should maintain an increased level of essential PPE (such as masks and gowns) in the State's medical stockpile to ensure that WA is well-equipped for future pandemics and emergencies.

### Implementation suggestions:

- WA Health ensure increased PPE supply is supported by improved inventory management and strategies so that stock is used prior to expiry.

### Recommendation 10:

The Department of Finance, in conjunction with WA Health, should implement centralised procurement and distribution of PPE for all government agencies.

### Implementation suggestions:

- Centralised procurement and distribution of PPE is managed by the Department of Finance.
- Government agencies are required to identify their PPE needs as part of their pandemic planning and update the Department of Finance as required.



## Vaccination program

The WA COVID-19 vaccination program commenced in late February 2021. Decisions regarding the procurement and distribution of vaccines were managed by the Australian Government. Global shortages of the vaccine, together with the decision to prioritise jurisdictions with high case numbers, contributed to an initial slow roll out of the vaccine in WA.

To enhance access to COVID-19 vaccinations, the Department of Health's VaccinateWA booking system launched in February 2021 allowing Western Australians to book their vaccination appointments with community and hospital-based vaccination clinics in WA. This was complemented by the launch of the national Vaccine Clinic Finder, allowing the community to book vaccination appointments with primary care providers such as GPs and community pharmacies.

In August 2021, the Premier appointed the State Emergency Coordinator to the role of Vaccine Commander to provide oversight and coordination of the State's delivery of the COVID-19 vaccination program.

The appointment of a vaccine program lead was in line with the approaches taken in other jurisdictions, including the Australian Government. While statutory, regulatory and clinical oversight of the vaccine program remained the responsibility of the Chief Health Officer, the role of the Vaccine Commander was to support the operational delivery of the vaccine program by engaging with the Australian Government, State Government, and business and community sectors. This included leading communications and stakeholder engagement to ensure that specific groups were supported to take up the vaccine.

The Vaccine Commander was supported by the Chief Operating Officer of the vaccination program within the Department of Health and a dedicated project team. A Vaccination Strategic Coordination Group was also established to support the Commander, consisting of the Directors General of the Department of Premier and the Cabinet and the Department of Health, as well as the Chief Health Officer.

Under the leadership of the Vaccine Commander, the focus shifted to a stronger emphasis on outreach to vulnerable groups, including Aboriginal people, culturally and linguistically diverse (CALD) groups and regional communities, who had lower rates of vaccination uptake than the general population. This included undertaking a campaign in partnership with Aboriginal health organisations called 'Keeping Culture Safe and Strong' to provide more opportunities for Aboriginal people to be vaccinated.

Between late February 2021 and the end of December 2022, WA Health vaccination clinics administered over 2.6 million doses from more than 1900 separate vaccination clinic sites. The State-wide vaccination program was key to WA achieving some of the highest vaccination rates both in Australia and internationally, with 84 per cent of eligible Western Australians aged over 16 years of age receiving at least three doses of the vaccine by late November 2022.

While around 90 per cent of vaccinations were administered in community vaccination clinics, pop up clinics played an important role in reaching those unwilling or unable to attend a community vaccination clinic. Overall, there were almost 550 vaccination clinics, events and pop ups, including a pop up at Perth Airport to vaccinate fly in, fly out workers in partnership with Rio Tinto, as well as pop ups at select Bunnings stores around WA as part of a vaccination blitz event.

Vaccination policy and mandates, including mandatory vaccination and proof of vaccination, are examined further in this report under Term of reference E.



## What the Review heard

The Review received a consistent message around the need to improve communications in relation to COVID-19 vaccines.

The Review heard there was some confusion around eligibility for priority groups in the early stages of the roll out. This resulted in some medically vulnerable people being turned away from State-run vaccination clinics, despite being listed as part of the initial priority group. Debates over the most effective vaccine were not helped by the changing advice from the Australian Technical Advisory Group on Immunisation (ATAGI) on vaccination eligibility as the pandemic continued. In addition, there was a delay in recognising people with serious mental health issues as a cohort that required a targeted approach to accessing vaccinations.

There was also reported to have been a significant level of misinformation in parts of the community about the safety and effectiveness of the vaccine, which led the Vaccine Commander to engage leaders in specific communities, as mentioned earlier.

Stakeholders raised concerns that initially the vaccine roll out was too focused on a small number of clinics in the metropolitan Perth area, with limited facilities provided elsewhere. Government agencies nominated the appointment of the Vaccine Commander as a critical turning point in the vaccination program which led to an increase in uptake by priority groups such as Aboriginal people. Additional concerns were expressed that distribution of the vaccine to remote communities needed a specific approach dealing with transport of the vaccine in its thawed state.

There were mixed views on the vaccination booking system, with some stakeholders commenting favourably on the easy availability of appointments. Others, however, reported that accessibility was challenging for people without internet access or a high degree of digital literacy.

Community pharmacy and general practice played a central role in the vaccination roll out across Australia, administering over 32.4 million and 9.6 million vaccination doses respectively at a national level as at March 2023 (Department of Health and Aged Care, 2023b). However, the sector cited a lack of involvement in strategic, operational and clinical decision making around the vaccine roll out as a problem at both a State and national level.

Likewise, there was a perception by vaccination specialists working in research institutes within WA that there was little attempt to engage with them, or to solicit rapid reviews to underpin policy decisions, particularly in the early stages. This would have gone some way to allaying concerns in some parts of the community about vaccine advice.

## Case study: Community Pharmacy Medicines Continuity Program

When the State's borders opened in March 2022, transmission of COVID-19 became widespread.

To support the community and ease pressure on primary care services during the Omicron wave, community pharmacies were provided with funding from the WA Department of Health. This ensured the provision and delivery of medications and that other critical pharmacy services could continue.

This funding supported community pharmacies to provide home medication deliveries to people who were isolating with COVID-19, deliver medications to residential aged care, and support the medication management of patients with complex conditions.

Between April and June 2022, via the Community Pharmacy Medicines Continuity Program, community pharmacies:

- made deliveries to 61,000 households;
- provided 5,000 out of hours home deliveries;
- serviced 411 Residential Aged Care Facilities, representing 17,900 individual patients;
- provided staged medication supplies to 4,600 patients;
- provided 183,000 Opioid Pharmacotherapy doses;
- packaged 405,000 Dose Administration Aids for 53,000 patients;
- dispensed 175,000 Closing the Gap prescriptions; and
- dispensed 6,500 prescriptions of antiviral medication Lagevrio.



## Recommendations

### Recommendation 11:

Future WA governments should again appoint a Vaccine Commander (or equivalent) and do so from the outset of any future State-wide population-level vaccine programs to provide leadership and oversight, with a dedicated focus on increasing uptake by priority groups.

### Implementation suggestions:

- The Vaccine Commander should be an experienced official with capability in logistics, resource distribution, stakeholder engagement and communications.

### Recommendation 12:

Future WA governments should again ensure that, during a pandemic, vaccines are provided free of charge and that access is as widely distributed as possible.

### Implementation suggestions:

- Vulnerable groups, such as Aboriginal people, regional and remote communities, immunocompromised people and people with a disability, as well as business and industry should be included in the early design of vaccination programs.
- Community vaccination clinics should be set up across the State and an easy and convenient online booking system (with alternatives available for people without internet access) put in place.
- Public communications and messaging regarding vaccine eligibility is clear and consistent across the WA and Australian Governments, particularly regarding vaccine eligibility and the value of vaccinations.

## Digital solutions

During the pandemic the WA Government developed a range of new digital tools and applications to support agencies to undertake their core functions and to enable members of the public to access government services and information online.

The WA Government developed the SafeWA application, a free digital COVID-19 contact register system. SafeWA was subsequently integrated into ServiceWA, a mobile application to help connect people with a range of WA Government services which incorporated a check-in function.

The WA Government also developed the G2G Pass system. More than 2,670,000 G2G Pass applications were received by Police, resulting in over 1,830,000 entries into WA by air, road, sea and rail. More than 478,000 arriving travellers were placed into quarantine

resulting in 135,111 physical and 1,170,143 electronic (G2G Now) quarantine checks. Without G2G, managing this volume of travellers would have been extremely difficult and resource intensive. The G2G Pass system was also used in Tasmania for travel registration during COVID-19.

At an individual agency level, the Department of Communities developed a dedicated internal vaccination portal to track the vaccination status of its staff during implementation of the State Government's mandatory vaccination policy. The Department of Health created the Public Health Operations COVID-19 Unified System (PHOCUS), a database system developed to record and manage contact tracing and communicate with the public via email and text if they were a confirmed case of COVID-19. The Department of Health also implemented an online tool for people to report the results of their RATs.

Although school closures in WA were limited compared to other states, the Department of Education was able to help students and families to pivot to online learning by quickly placing resources and curriculum online. The experience of schools and remote learning is discussed further in Term of reference E.

### Case study: ServiceWA

Launched in January 2022, ServiceWA is a free and secure mobile application designed to make WA Government services more efficient and easier to access.

During the pandemic, the mobile application was also used as a tool to help people access information and advice on managing COVID-19, getting tested for COVID-19 and registering a positive RAT result.

Later, during WA's safe transition phase, ServiceWA gave users the ability to import individual COVID-19 digital certificates and securely show their proof of vaccination or exemption when required. The application also allowed the public to check in at businesses and venues via the SafeWA function and access their G2G Pass for interstate travel.

Although the acute phase of the pandemic is over, the ServiceWA application continues to facilitate access to a range of WA Government services in one place. This includes: checking for unclaimed money from State Government agencies; receiving Emergency WA bushfire warning notifications; local weather data for rural producers; shark advice warnings from SharkSmart; and locating the best fuel prices across WA via FuelWatch's interactive map.

By December 2022, more than 1.4 million Western Australians had downloaded the ServiceWA application (WA Government, December 2022).

### What the Review heard

A range of stakeholders noted that technology facilitated important changes in how government undertook its business. Non-frontline staff could pivot to performing their roles from home and agencies were able to trial new ways of delivering services through initiatives such as COVID Care at Home, electronic prescriptions and telehealth appointments.

During the pandemic, government agencies developed new digital tools and applications at considerable speed. For example, WA Health developed and implemented the SafeWA application in just three weeks. While this enabled digital solutions to be quickly brought online to support changing public health and social measures, agencies advised that this

concentration of effort was not sustainable outside of an emergency scenario. Ongoing long-term investment in digital infrastructure in future was seen as essential.

While the increased use of technology was generally seen as positive, there were some segments of the population who faced considerable difficulty accessing online tools and applications. People with a disability advised that they were prevented from using applications due to poor design (such as incompatibility with screen readers) and had to lean on support workers or family for assistance. More broadly, stakeholders reported a lack of accessible telephone support, with the 13 COVID information helpline unable to provide technical assistance.

The effectiveness and reach of digital tools was also hampered by a lack of telecommunications infrastructure in the regions. Limited mobile phone reception and more restrictive National Broadband Network capability left people unable to use the check-in function on SafeWA or ServiceWA, nor could they undertake the two-factor authentication process required to show their G2G passes at the border.

The State Library and local public libraries stepped up to help fill some of the gap created by a lack of user support, providing significant ad hoc assistance. They also provided several hundred free individual and group sessions for community members to gain assistance in setting up their ServiceWA accounts. These sessions were especially valued by older Western Australians and people without access to a computer or the internet at home.

### **Case study: Public libraries**

The launch of the ServiceWA application in early January 2022 triggered an increase in requests for assistance from the community across public libraries.

Many WA public libraries were the first port-of-call for community members to access support to register and use ServiceWA. Some libraries provided free individual and group sessions for community members to gain assistance in setting up their accounts, including assisting with the creation of email addresses so people could begin the process.

Libraries also supported community members who did not own a device and who required help accessing and printing copies of documents needed to show their proof of vaccination.

To address the increase in demand for public library services, the Department of Local Government, Sport and Cultural Industries provided \$100,000 to public libraries to continue to deliver this service. The State Library of WA also contributed an additional \$175,000 to supplement this funding.

This demonstrated the significant role of public libraries in delivering essential community support during COVID-19.

## Recommendations

### Recommendation 13:

Building on the foundation set by the Digital Inclusion in WA Blueprint, the Office of Digital Government should ensure that all digital tools and applications developed by the WA Government meet universal accessibility standards.

### Implementation suggestions:

- People with a disability should be involved in the development and testing of digital tools and applications.
- Additional user support should be provided for groups such as older Western Australians, people without access to a computer and people from culturally and linguistically diverse backgrounds.
- Non-digital alternatives should continue to be available for those who need them.
- The WA Government should continue to invest in digital standards (nationally agreed standards and rules) to facilitate interoperability across jurisdictions.



## Term of reference C: Intragovernmental communication and cooperation

### Key findings:

- The public sector adapted to the challenges of COVID-19 with a high degree of flexibility and cooperation. This was facilitated through the establishment of arrangements which fostered interagency communication and whole of government coordination.
- The duration and intensity of the COVID-19 response took its toll on some public sector staff, especially those in emergency management and frontline roles, who at times suffered from fatigue and burnout.
- While resources across the public sector were mobilised to respond to the pandemic, this was done largely on a goodwill basis. There are opportunities to improve industrial relations frameworks and workforce planning to support rapid resource mobilisation across the public sector in future pandemics or emergencies.
- Given the complex and enduring nature of the COVID-19 pandemic, the appointment of the Public Sector Commissioner as the State Recovery Controller was an effective way of coordinating a State-wide and whole of government approach to WA's recovery.
- WA's pandemic response was greatly helped by the collection and sharing of data. However, uncertainty about information sharing arrangements between agencies, and difficulties with obtaining data from the Australian Government due to their reservations about WA's lack of privacy legislation, was challenging.

### Introduction

The WA public sector is large and complex. There are more than 158,000 WA public sector employees across 25 departments, 17 ministerial offices and 94 organisations which are established to form specific statutory functions (Public Sector Commission, 2022).

Other entities such as local governments, public universities and government trading enterprises also form part of the broader WA Government sector workforce but are not covered by the *Public Sector Management Act 1994*. Within the WA public sector, the Department of Education, WA Health, the Department of Justice, the Department of Communities and WA Police Force employ the largest proportion of staff.

The complex operating environment of the COVID-19 pandemic required an unprecedented level of cooperation across many different parts of the public sector, whilst at the same time continuing to deliver essential services to the community. In addition to interagency liaison and coordination, the collection and sharing of data by government was also pivotal in responding to the challenges of the pandemic and delivering a range of measures.

This chapter examines how the WA public sector was mobilised, communication and coordination between government agencies, and how the collection, sharing and use of data helped support the WA Government's response.

It is important to note that Term of reference C focuses on the WA Government's own intragovernmental communication and cooperation, and did not ask for an examination of the intergovernmental relationship between the Australian Government and the WA Government.

## Structures and resource mobilisation across the WA public sector

In addition to the governance arrangements discussed earlier in relation to Term of reference A, the WA Government established a number of other structures to support the pandemic response and facilitate decision making, cooperation and coordination across the public sector.

The Public Sector Leadership Council (PSLC) was convened by the Public Sector Commissioner. The PSLC comprised the heads of 19 public sector agencies and WA Police Force. It acted as a unified and central point for information sharing and coordination across government, meeting multiple times a week during the height of the pandemic. Individual agencies were then responsible for operationalising the Council's key decisions and working alongside other agencies to achieve outcomes.

WA Police Force established Operation Tide in 2020 at the start of the pandemic to manage the state of emergency and coordinate the operational response to COVID-19. Operation Tide provided support for lockdowns, border operations and checkpoints, quarantine locations for travellers, contact tracing and major events. It ceased towards the middle of 2022, as the need for COVID-19 activities decreased.

The Department of Health was the central point of health advice and information for the public sector. The Department established the SHICC in 2020 to provide strategic advice and support in relation to COVID-19, and coordinate and lead WA Health's communications across government, the media, stakeholders and the community. The Department of Health's Public Health Emergency Operations Centre (PHEOC) oversaw the in public health activities of metropolitan and regional human epidemic coordination centres, including oversight of disease surveillance, data management and public health management of infected persons. In late 2021, PHEOC merged with the SHICC.

To keep the community updated on COVID-19 policies and measures, a dedicated COVID-19 Communications team was established in the Department of the Premier and Cabinet. This team communicated information about the COVID-19 management and response to the community through radio, digital, print and social media channels, as well as arranging for the translation of materials for CALD communities.

The work of the Department of the Premier and Cabinet's COVID-19 Communications team and WA Health in communicating important public health messages is discussed further in Term of reference D.

Many agencies established their own incident management teams to strengthen their organisational capacity to respond to COVID-19, protect their staff and clients, and maintain critical service delivery function. The Department of Communities, Department of Education, Department of Fire and Emergency Services, Department of Health (as the HMA), Department of Justice, Department of Primary Industries and Regional Development, and WA Police Force are examples of agencies which created such incident management teams or expanded existing capacity in this area.

Throughout the pandemic, staff in frontline and non-frontline roles worked together to implement key elements of the COVID-19 response, including border controls, vaccinations, and other public health measures. Across the sector, staff stepped up and out of their business-as-usual roles to deliver critical services and fill gaps, from operating the 13 COVID information helpline to contact tracing.



In May 2020 the Public Sector Commission launched the Switch program to enable public sector staff to work outside their agency to meet critical staffing needs that arose from COVID-19. Some 323 staff were trained and available for mobilisation in response to requests from agencies.

In April 2020 the Public Sector Commissioner was also appointed as the State Recovery Controller, with responsibility for coordinating and overseeing the State's recovery efforts and leading the development of the WA Recovery Plan. The Controller had oversight of a recovery effort that was far more complex and far-reaching than in a typical emergency such as a fire or flood. To achieve this, the Controller led the development of the WA Recovery Plan in consultation with a State Recovery Advisory Group, comprising stakeholders and representatives from the public sector, business, industry, not-for-profit organisations, UnionsWA, local government and the community.

## What the Review heard

Overall, the Review heard the public sector mobilised effectively and utilised its structures and resources well to combat COVID-19.

Members of the public and government stakeholders commended the level of cooperation shown by different parts of government during the pandemic, noting it was a strength of the response that should be modelled in the future.

Key decision makers, leaders and personnel worked closely together to rapidly mobilise staff and resources. Government stakeholders noted they relied heavily on information and advice from WA Health regarding pandemic settings and how to operationalise directions. This included how public health and social measures affected educational settings.

Within government, stakeholders had a positive view of the PSLC and appreciated how it fostered cooperation and collegiality. It helped to unify the public sector in challenging times, acting as a forum for the exchange of information between Directors General and heads of major agencies.

However, some stakeholders in the regions felt that there was insufficient mobilisation of additional resources to their areas. The perceived siloing of emergency management structures for clients requiring services across multiple government agencies (such as the Department of Justice and the Department of Communities) was also viewed as a missed opportunity for increased collaboration across the public sector.

Government stakeholders commented that, at the beginning of the pandemic, requests for the mobilisation of resources and sharing of staff were often ad hoc or unplanned, but the process improved once agencies had a better understanding of their objectives and skills requirements. The idea of a surge emergency response workforce was raised by a number of stakeholders, however agencies who had trialled this observed that staff tended to quickly become absorbed into business-as-usual operations.

While the Switch program was seen as effective, government agencies told the Review that current industrial relations agreements and arrangements were not designed to support the degree of staff mobility required for the COVID-19 response. For example, there were challenges relating to technology and processing staff payments under existing awards and agreements. In many cases, the movement of staff into temporary COVID-19 roles was achieved through the flexibility and good will of the public sector workforce.

It was suggested that in the future this could be addressed through changes to industrial relations arrangements and awards and, where appropriate, through the revision of job description forms to provide more flexibility to temporarily deploy staff to assist with frontline emergency management responses.

The Review noted that there were a number of examples where public sector agencies had or intended to develop ways to overcome these workforce mobility challenges in future – such as the Department of Primary Industries and Regional Development recently identifying more than 240 volunteers within their staff who would be happy to support any biosecurity emergency outbreak.

The around-the-clock nature of the response required staff to work long hours and be available outside of standard business hours. The Review heard that when the WA Government’s COVID-19 response was set up, agencies with experience in emergency settings and with 24-hour or on-call rosters (such as WA Police Force, WA Health and the Department of Fire and Emergency Services) were better able to adjust to the demands posed by COVID-19.

The Review also heard that the reliance on a handful of key personnel in leadership and/or specialist roles created a significant ‘key person’ risk in the event someone became unavailable or unwell.

It was noted that ensuring there is adequate resourcing and ‘like-for-like’ for key personnel in specialist roles across the State Solicitor’s Office, WA Health, WA Police Force, Department of Communities, Department of Justice, the Department of the Premier and Cabinet and the Public Sector Commission is essential to sustain a long-term emergency response in the future. Job and role sharing was described as not overly effective, due to the pace of work and speed of knowledge accumulation that occurred during the COVID-19 response.

Due to the long-term duration of the pandemic, staff fatigue and burnout was identified as an issue to address in the event of future pandemics by increasing resourcing or rotating staff through emergency roles.

The Review heard that ambulance services became severely affected in mid-2022 when critical workers were in isolation and the Department of Fire and Emergency Services were asked to assist St John Ambulance with their metropolitan and regional services. To prevent a repeat of such a situation, stakeholders noted that early identification of potential staffing and skills shortages for ambulance services should be a priority in a future pandemic.



## Recommendations

### Recommendation 14:

The Public Sector Commission should explore amendments to the *Public Sector Management Act 1994* to better support public sector workforce mobility where capabilities of the individual and the new task or role are aligned.

### Implementation suggestions:

- Amendments to the *Public Sector Management Act 1994* should help to enable staff to be redeployed swiftly across the public sector.
- Consideration could be given to amendments that better support secondments of external employees (e.g. from other States or the private sector) into the WA public sector.

### Recommendation 15:

The Public Sector Commission should encourage State Government agencies to review existing human resources and industrial relations policies with a view to identifying and removing any barriers to workforce mobility for public sector agencies and contracted service providers in a state of emergency.

### Implementation suggestions:

- Emergency response requirements should be built into job description forms to allow staff to pivot when called upon.
- With support from emergency services departments (WA Police Force and the Department of Fire and Emergency Services), staff in non-traditional emergency management agencies are trained to better understand emergency management principles and structures.
- The likely staffing and skills needs for future pandemics or events are identified ahead of time.
- A network of skilled public sector specialists is maintained capable of being matched with emergency management risks across the sector to fill shortages and ensure business continuity.

## Recommendations

### Recommendation 16:

WA public sector agencies should explore methods to reduce key person dependencies, burn out and fatigue risks for longer-term emergency situations.

### Implementation suggestions:

- Agencies, as part of their pandemic planning and business continuity requirements, should develop business and personnel continuity arrangements and succession/acting arrangements to allow for key person absences, both planned and unplanned.
- Consideration be given to adopting workforce planning arrangements that enable the rotation of staff through emergency roles.
- Arrangements to train and upskill staff are developed to increase the network of available skilled people.
- Appropriate knowledge depositories are developed to ensure knowledge is captured and stored.
- An 'exit strategy' for personnel in emergency response roles is developed that supports staff to transition out of the demands of that workload and resume their business-as-usual roles to foster a healthy work life balance.
- The Public Sector Commission should encourage and coordinate the sharing of best practice approaches to workforce planning among agencies.

## Intragovernmental communications

The evolving and unprecedented nature of the pandemic and the need for decisions to be made, communicated and implemented quickly saw large volumes of information shared across government.

Agencies were required to decipher complex legal information about public health directions in quick succession, and then apply, operationalise and communicate them to their staff and clients. Each public health direction was nuanced based on the current virus threat and risk level, requiring agencies to stay abreast of the most current information.

Following a decision being made by the relevant decision-making body, the COVID-19 Communications team within the Department of the Premier and Cabinet developed communication material that was then sent to agencies via a sector-wide email to leaders and chief executives. A public sector communications advisory group was also notified directly so that they could disseminate messages within their agencies.

Public facing communications are discussed further in Term of reference D.

## What the Review heard

Government stakeholders spoke positively about how the sharing of staff helped to open channels of communication. For example, Department of Communities liaison officers were physically situated in SHICC, sharing their subject matter expertise with WA Health. Staff from the Department of Transport worked with WA Health on providing information on workers in the transport, freight and logistics sector. Other agencies felt there were opportunities for closer collaboration and communication with a broader range of government agencies where matters of significance were being developed.

Some agencies found that messaging to their staff and clients was sometimes held up by the need for central agency approvals. As a result, there were times when they were relying on information from the general media, government websites and social media channels rather than approved internal communications. It was suggested that this could have been improved by having sector-wide communications protocols or in-principle approvals for messaging in place ahead of time.

Within the health system, some stakeholders noted that information sharing across health service providers to support staff to deliver key functions was effective, although others felt that communications from WA Health were difficult to operationalise within the hospital system.

Likewise, regional groups reported that the communication of key information and regular interagency collaboration enabled them respond to the needs of their communities, but also that the volume of information was high, and they were challenged by the difficulties in mobile data and service.

The Review heard strong support for a single communications hub or a central place for information dissemination across all government agencies to make sure government stakeholders are informed about updates in a consistent manner.

## Recommendations

### Recommendation 17:

The Department of the Premier and Cabinet should again be designated as the lead agency to centrally coordinate communications across government and this should occur at the outset of any future pandemic.

### Implementation suggestions:

- The Department of the Premier and Cabinet should establish cross-departmental mechanisms to facilitate prompt internal and external communications, including clear and timely approval processes.
- These mechanisms might include an internal-to-government hub or channel where information can be shared by agencies as soon as it is available.
- Where possible, messaging should be based on agreed communications protocols and governance arrangements that are put in place ahead of time.

## Data collection, sharing and use

The implementation of COVID-19 public health and social measures relied on the collection of personal information from individuals, such as venue check-ins for contact tracing, health declarations for travel, proof of vaccination and names and addresses for the household distribution of RATs.

For example:

- people who administered a RAT and tested positive were required to register their result online with the Department of Health to allow oversight of case numbers;
- while border controls were in place, people were required to apply online for a G2G Pass and complete a travel registration and declaration before entering WA;
- people in quarantine using the G2G Now application were required to provide personal and phone location data to ensure they remained at their registered address throughout the quarantine period;
- the SafeWA digital COVID-19 contact register system was used by venue operators and patrons to register their attendance at venues by scanning a unique QR code; and
- the VaccinateWA online booking platform required members of the community to provide their details to book COVID-19 vaccinations at State-run community clinics.

In some of the above examples, including the State's G2G Pass system, the collection of personal information was made possible by the introduction of section 72A into the EMA. Section 72A explicitly allowed authorised officers to gather relevant information about the person for the purposes of managing COVID-19, such as the whereabouts of a person, information about any recent travel undertaken by a person, or information about their close contacts.

While G2G data was used primarily to receive and assess an application for a traveller to cross borders (intrastate, interstate, international), the data was also used to undertake investigations into breaches of directions issued under the EMA.

As part of the G2G application process (which was outlined in the terms and conditions when applying for a pass), applicants consented to the collection and use of their information for range of purposes. In accordance with this privacy policy, data was lawfully made available on 22 occasions for criminal investigations (Legislative Council, Parliament of Western Australia, 2022). A level of compulsion arose from this, as people could not travel across borders without obtaining a G2G Pass.

Personal information collected in the SafeWA application was used to facilitate contact tracing, which helped WA Health locate people who had attended a venue or event and were exposed or suspected to have been exposed to COVID-19. When the SafeWA application was introduced, it was with the notice that personal information, such as check-in information, would be destroyed after 28 days.

The Office of the Auditor General's SafeWA – Application Audit (Office of the Auditor General, 2021) found that WA Health received requests and orders from WA Police Force under the *Criminal Investigation Act 2006* to provide access to SafeWA data for policing purposes. To ensure that SafeWA data could only be used for contact tracing and other related specified purposes like maintaining the application, in June 2021 the *Protection of Information (Entry Registration Information Relating to COVID-19 and Other Infectious Diseases) Act 2021* was introduced.

## What the Review heard

Stakeholders advised that data (including data gathered as part of business-as-usual activities and data collected through pandemic-specific applications) provided the WA Government with the ability to make evidence-based and informed decisions and was critical to supporting the State's pandemic response. However, some members of the public commented that the use of G2G data and SafeWA data by Police beyond its primary purpose led them to question their confidence in the way the WA Government used their information.

At a State level, restrictions on access to confidential personal information and a lack of formal data sharing agreements between agencies led to uncertainty about the extent to which data could be exchanged across government, resulting in some duplication of effort. The Review heard that one of the positive and lasting impacts of COVID-19 has been the acceleration of data sharing infrastructure and stronger relationships between officers responsible for sensitive data to help address this issue.

The Review heard that vaccination data from the Australian Immunisation Register was sought from the Australian Government to help target the vaccine program to areas or cohorts across the State with low uptake, but the Commonwealth was not willing to provide the information due to WA not having sufficient privacy protections in place.

Regional stakeholders noted that accessing real-time vaccination data was critical in getting a better sense of the levels of vaccination rates in their communities and whether public health and safety measures would be lifted or not. Stakeholders cited the example of Victoria where the community had the ability to check vaccination rates in their local area, with an interactive map displaying vaccination data percentages. This was seen as an effective mechanism for monitoring the progress of vaccination rates which WA may wish to consider producing in the future. Researchers from the Telethon Kids Institute have created a software tool for mapping and studying COVID-19 outbreaks in the State which may be able to be adapted for this purpose.

There were also challenges accessing other Australian Government data, such as business records from the Australian Business Register and the Australian Taxation Office. This meant that WA missed the opportunity to align business and taxpayer information to assist with identifying households and businesses which may have been eligible for support. It was reported that where data was available by the Australian Government, the quality of the data was not adequate and often required further review and manual checking.

The Review notes that in 2019, the WA Government outlined its intention to introduce new laws to better protect the privacy of information held by WA's public sector. The WA Government is in the process of drafting privacy and responsible information-sharing legislation. These new laws are intended to safeguard people's privacy while still facilitating the responsible use and sharing of government data where it is in the community interest to do so.

The Review welcomes these reforms as progress towards establishing greater clarity around the collection, use and sharing of personal information across the public sector. This can help strengthen confidence in how the public sector safeguards personal information in the event of a future pandemic or major emergency.

## Recommendations

### Recommendation 18:

State Government agencies should use the recently signed Intergovernmental Agreement on Data Sharing to strengthen data sharing with the Australian Government.

### Implementation suggestions:

- The WA Government should identify key areas where information could have been shared better during the pandemic and use the Intergovernmental Agreement on Data Sharing to negotiate appropriate access, use and safeguards with the Australian Government.
- In a future pandemic the WA Government should consider developing and making publicly available an interactive map displaying vaccination data percentages by location.

### Recommendation 19:

In line with the proposed Privacy and Responsible Information Sharing reforms currently underway, all WA Government agencies should be required to provide greater clarity up front regarding the purpose of collecting individual information and how they will share, use and dispose of data.

### Implementation suggestions:

- Agencies should develop materials, toolkits and information in plain English to educate the public, foster ongoing trust and increase transparency on how data is collected and used by the WA Government.
- Plain language should be used when communicating with users about how their information and data will be held, used and disclosed.





## Term of reference D: Community support, engagement, and communication

### Key findings:

- Communications were a critical part of the WA Government's response.
- The Premier's daily updates were highly effective at communicating key messages to the community and creating a single source of trusted information.
- There were times when the delivery of government messaging through multiple online channels created some confusion. There is scope for the WA Government to enhance the consistency of communications across different channels to support greater clarity for the general public and the business community.
- Stakeholders outside of government, such as community organisations, public health and medical experts, peak bodies, business and arts groups, provided essential assistance and cooperation during the pandemic. However, there are opportunities for the WA Government to improve when and how it engages with these groups in future pandemics or public health emergencies.
- WA Police Force's 'compliance with compassion' approach created positive engagement with many parts of the community and was a strength of WA's COVID-19 response.
- Some systems for administering COVID-19 grants to businesses and organisations were described as not always being fit-for-purpose. Systems in use in other states and territories provide a model for the WA Government to develop a more effective system.

### Introduction

During the pandemic Western Australians, like many communities around the country, rallied together to support each other. Across Australia COVID-19 engendered a greater sense of community togetherness and solidarity for many, with recorded levels of social cohesion rising above pre-pandemic levels (O'Donnell, 2022).

To ensure Western Australians were well-informed and able to weather the uncertainty caused by the virus, the WA Government undertook a range of communications, engagement and support activities. Communication and engagement occurred directly with individuals and through peak bodies and community organisations.

This chapter provides an overview of how the WA Government communicated with the public and the support it provided to businesses and community organisations affected by measures such as border closures and lockdowns.



## COVID-19 Communications

Communications with the public were critical to ensuring that people had access to the most up to date information on the epidemiological situation and the public health and social measures in place. To optimise its engagement with the community, the WA Government introduced initiatives including the COVID-19 Communications team within the Department of the Premier and Cabinet, the 13 COVID information helpline and daily updates from the Premier.

As outlined in Term of reference C, a COVID-19 Communications team was established in July 2020 within the Department of the Premier and Cabinet to act as a central point of coordination for all government communications. The COVID-19 Communications team replaced the pre-existing Information Coordination Centre which was located within the Department but reported to WA Police Force.

The COVID-19 Communications team was the central source of information for other government agencies to disseminate to their staff, clients and stakeholder groups. The information provided to the WA community spanned emergency restrictions, public health measures, WA's controlled border settings, WA's Safe Transition Plan, the Roll up for WA campaign, high caseload settings, and information to help the community self-manage the risk of COVID-19.

WA Government social media channels were also established, with the COVID-19 Communications team directly responding to 38,000 questions online.

Over 80 public communications campaigns were developed by the COVID-19 Communications team and disseminated through the WA.gov.au website and across television, radio, cinema, print, digital and social media. From March 2020 the WA.gov.au website was the primary source of public information about the pandemic. The website received more than 170 million views and more than 4,200 pages of content were created. The team also reviewed more than 189,000 comments on social media, with WA Government posts being seen more than 74.7 million times across Facebook, Instagram and Twitter.

The COVID-19 Communications team also implemented various measures to tailor communications and engage with community groups. The team:

- translated communications material into 54 languages;
- delivered the Train the Trainer vaccination program to educate and empower faith and cultural leaders to answer questions and debunk myths circulating within their communities;
- developed bespoke materials in partnership and consultation with peak bodies, including not-for-profit organisations, industry, universities and TAFEs;
- held community activations at events and festivals, including the Multicultural Eid Carnival, regional shows, the AFL Grand Final, Perth Royal Show, shopping centres, train stations, universities and TAFEs;
- worked closely with the Small Business Development Corporation (SBDC) to provide stakeholder toolkits and support, particularly around contact registration and the SafeWA and Service WA applications;
- collaborated with the Department of Education to develop age-appropriate materials for schools, students and families;
- collaborated with the Department of Health to develop targeted materials for vulnerable groups, including pregnant women and Aboriginal communities;

- collaborated with CALD communities to ensure materials and messaging was fit-for-purpose, including developing a specific newsletter to continually provide materials for these groups to use in their communities; and
- collaborated with the Department of Local Government, Sport and Cultural Industries to develop bespoke frequently asked questions for sporting organisations.

### Department of Health communications (including the HealthyWA website)

Within the Department of Health, the SHICC was responsible for coordinating and leading departmental communications. SHICC worked closely with the COVID-19 Communications team and WA Police Force to develop materials that included fact sheets, general website and social media updates, targeted communications to clinicians, community service announcements, community awareness campaigns, and press conferences.

The Department of Health also distributed communications through the HealthyWA website, providing health information and official updates to members of the public to complement the information available on WA.gov.au. There were more than 23.9 million page views on HealthyWA for the COVID-19 exposure sites webpage (locations visited by confirmed cases) and more than 400,000 page views of the mandatory vaccination webpage on the WA Health website. More than 2,100 online resources (such as web pages or printable posters) were created during the pandemic, and more than 900 exposure locations were published.

### 13 COVID information helpline

At the onset of the pandemic, the Department of Transport had a pre-existing agreement with WA Police Force to deliver a public information line in the event of a significant state emergency. During the pandemic WA Police Force invoked this agreement and in April 2020 the 13 COVID information helpline was established.

Between 3 April 2020 and 31 January 2023, the helpline received more than 1.5 million calls. 225 staff were trained to respond to peak call volume times during lockdowns or significant changes to restrictions.

### Premier's daily updates

One of the most visible forms of public communications during the pandemic were the televised updates and press conferences conducted by the Premier, and at times, the Minister for Health, the State Emergency Coordinator and the Chief Health Officer. These press conferences provided updates on the latest case numbers in WA and changes to restrictions.

Information was also published on the Premier and Health Minister's Facebook pages which provided a daily snapshot of case numbers, testing, and, once the vaccination rollout began, vaccination rates. As major restrictions were announced and lifted, the Premier called televised press conferences to communicate critical information to the community.

These daily updates and announcements were gradually wound back as the community adjusted to living with COVID-19, with fewer restrictions in place. The Department of Health published its last COVID-19 daily update on 9 September 2022, thereafter scaling back reporting to a weekly basis in line with other Australian jurisdictions.

## Chief Health Officer advice

During the pandemic advice from the Chief Health Officer was made accessible to the public via the WA.gov.au website. While this was not required under legislation, it was an important measure that provided additional transparency around the evidence used to make decisions about the health directions.

## Sector and cohort-specific communications from individual State Government agencies

Additional communications functions were established by individual WA Government departments and agencies to provide tailored communications to their cohorts and sectors.

The Mental Health Commission established a dedicated webpage for communications to enable mental health and alcohol and other drug service providers to access key information and the latest government advice.

The Department of Transport worked with SHICC and the Chief Health Officer to distribute communications to the taxi and rideshare industry and were able to advocate for the translation of resources for CALD groups.

The Department of Biodiversity, Conservation and Attractions developed messaging and communications about closures/visitor restrictions for parks and visitor attractions, while the Department of Communities developed regular communiques which were distributed through their Sector Partnerships team to vulnerable cohort taskforces and community sector peak bodies.

## What the Review heard

Throughout the pandemic the Premier's daily press conferences and Facebook posts acted as a single source of information for critical updates. The televised press conferences were praised by the community for using an Auslan interpreter and being accessible for deaf and hard of hearing Western Australians, and for providing an importance source of information for people who did not have access to the internet.

Some stakeholders raised concerns about multiple online channels creating confusion, particularly regarding a perceived lack of consistency in advice on the government websites WA.gov.au and HealthyWA. Stakeholders reported that WA.gov.au overwhelmingly became the preferred source of information during the pandemic, with HealthyWA providing more detailed health information.

Submissions from the public highlighted a desire to have a better understanding of the basis for government decision making, particularly with regards to the public health and social measures implemented, beyond general statements that the WA Government was acting on health advice. The Review notes that advice from the Chief Health Officer was published online, and that these comments may be a result of people not knowing where they could access this information.

Some stakeholders expressed the view that the WA Government was slow to put in place strategies to reach vulnerable communities, such as Aboriginal and CALD communities. It was also believed by some stakeholders that the government missed the opportunity to build on the work that had already been done by community organisations, including vaccination events and information sharing, and offers of assistance from the community and research sectors.

Stakeholders felt that there was scope to improve the timing of communications and key announcements made throughout the pandemic. At various stages, announcements were made late on Friday afternoons which gave community organisations and businesses limited opportunities to prepare for incoming restrictions. This issue was particularly amplified in regional and remote areas, where organisations had to respond to the closing and opening of borders.

Regional groups reported that the communication of key information and regular interagency collaboration enabled them to respond to the needs of their communities, but also that the volume of information was high, and they were challenged by the difficulties in mobile data and service.

Whilst noting the validity and importance of these observations, the Review also acknowledges that the timing of announcements was often unavoidable and dictated by the need to respond swiftly to changing circumstances that were outside the government's control.

One issue that was within the WA Government's control, however, was the lack of timeliness occasionally displayed in signing off and approving communications, sometimes within two or more departments or offices. This made it unnecessarily difficult for those waiting on clarity of information.

There was broad support to establish a telephone information line such as 13 COVID in the event of a future pandemic to provide assistance for people without access to the internet, or who wished to speak to someone to clarify online statements.

### Case study: Roll up for WA

One of the most effective examples of communication by the WA Government was the Roll up for WA campaign. The campaign was conducted across television, radio, social media and other digital channels. It conveyed critical information on the COVID-19 vaccine, including eligibility, clinic locations and vaccine safety, and was designed to boost the rate of vaccination across the community.

Roll up for WA helped the State achieve its vaccination targets and protect the community. Important media campaigns such as this, along with press conferences and web releases, helped ensure that the WA Government's messaging reached a majority of the population.



## Recommendations

### Recommendation 20:

Future WA governments should, from the start of a pandemic, again use WA.gov.au (or its future equivalent) as the primary source of information for critical government communications provided to the community.

### Implementation suggestions:

- Information should be uploaded online at the same time announcements are made or, where that it is not possible, as soon as practicable afterwards.
- Continue to use HealthyWA (or its future equivalent) to provide detailed health advice to complement the information available on WA.gov.au.
- WA Police Force and the Department of Health should ensure that past directions made under the EMA and PHA, that are no longer in force, remain accessible to the public online.

### Recommendation 21:

Future WA governments should again ensure that a central telephone helpline (or another alternative to online information) is available in the event of a future pandemic or public health emergency.

### Implementation suggestions:

- In a future pandemic, a telephone information line similar to the 13 COVID service should be set up.

## Engagement with industry and the community

Across almost every Ministerial portfolio and agency, the WA Government facilitated a number of existing and new forums to engage with industry and the community:

- the Minister for Health established the Care of the Older Person's Advisory Group (COOPSAG) with leaders in the aged care sector. This group was utilised to better understand the needs of aged care providers and work together to support vulnerable elderly Western Australians;
- the Mental Health Commission established an Interagency Group which had representation from across government and non-government agencies to facilitate information sharing and collaborative problem solving;
- the Department of Communities established a series of vulnerable cohort taskforces at the beginning of the pandemic to provide a mechanism for two-way communication with the community sector and facilitate preparedness for especially vulnerable groups;
- government representatives presented at the Western Australian Local Government Association's webinars to inform businesses and the community of legislative and operational changes as they arose;
- WA Police Force established an Industry Liaison Group to assist business in understanding directions under the state of emergency;
- the Department of Transport established and chaired the Shipping Review Panel to implement WA Government policies regarding commercial vessels arriving in local waters. Transport led numerous information gathering exercises with industry and implemented multiple protocols to support the freight, port and aviation industries;

- the Department of the Premier and Cabinet provided several briefings to the Ministerial Multicultural Advisory Council to provide support, answer questions and gain insights into the challenges for CALD communities. This provided an opportunity to directly address issues faced by the community and collaboratively develop communications materials; and
- the State Recovery Controller organised 22 engagement sessions for individuals and organisations, representing a wide range of business, industry, local government, not-for-profit and community groups, to discuss options for the State's recovery planning.

Within the health sector, multiple primary health care forums were facilitated to understand the critical issues impacting upon GPs, pharmacists and other primary care clinicians. This included a State Acute and Primary Care Forum during the acute phase of the pandemic.

To support small businesses during the pandemic, the WA Government created a dedicated COVID-19 Assistance Centre within the SBDC in March 2020 (Small Business Development Corporation, 2022). The Centre, consisting of a refocused hotline and website, offered dedicated, timely guidance on the supports available to small businesses in WA. This included information on stimulus packages and eligibility requirements, advice on preparing businesses to manage COVID-19, and other resources.

WA Police Force had a significant role in engaging directly with Western Australians and were on the frontline implementing and enforcing the COVID-19 response. Police were responsible for establishing vehicle control points throughout WA and at the State border at Eucla and Kununurra. They also oversaw the introduction of the G2G Pass system and the processing of applications for entry into WA from intrastate, interstate and international travellers. Once people had gained entry to WA, Police were in charge of enforcing self-quarantine requirements and they also handed out PPE across WA.

Peak organisations played an important role in communicating key messages to their members. Organisations such as WA Council of Social Services, representing almost 800 organisations involved in the provision of community services in WA, and the Chamber of Commerce and Industry WA were able to use their reach to distribute important information on behalf of the WA Government.

## What the Review heard

The Review heard the assistance provided by community sector partners was critical to the State's COVID-19 response. They provided information to government about what was happening on the ground, helped government develop and implement COVID-19 programs and policies, and disseminated key messages.

CALD organisations reported there was limited engagement with CALD people across the course of pandemic, even though they were well represented in public communications and campaigns. There were also organisations which reported being engaged by government too late in the pandemic, including Aboriginal community-controlled health organisations. These organisations felt they could have collaborated with the WA Government to better support vulnerable communities, having a wealth of lived experience and on the ground knowledge from within those communities.

This was seen to contrast with the engagement between industry and other state governments and the Australian Government. The Review were told of examples where there were regular sector-based discussions with senior Australian Government officials, including members of the Commonwealth Department of Treasury, and key parts of the business sector, discussing key risks and opportunities prior to implementing health measures or other strategies.

The Review recognises the importance of the small business sector in WA, with over 97 per cent (or 234,000) of WA's businesses classified as small. Small firms also typically trade on very low turnover levels with thin profit margins, and most have little, if any, cash reserves. The Review understands that it is therefore important that current and future governments actively plan the types of supports to be provided to small businesses and the not-for-profit sector in an emergency situation. This includes considering which organisations would be eligible, what form the support would take, any conditions attached and ensuring the application process and systems can be as simple as possible.

The Review heard from businesses that the WA Government could have placed a greater focus on how it worked and engaged with businesses, large and small. Stakeholders noted that the expertise of industry associations and businesses was not leveraged effectively, which could have supported the WA Government's response.

There were also examples provided of other States and the Australian Government co-designing solutions to particular issues. These ranged from the management of transmission risk in chilled and ambient food distribution centres, to the establishment of pop-up vaccination facilities in Bunnings stores nationally. The latter ultimately occurred in WA, but this was the last jurisdiction to come on board with this innovative solution.

Additionally, businesses were often informed of restrictions that impacted upon them via press conferences, as opposed to being engaged directly. As such, government missed out on receiving on-the-ground feedback regarding the implications and practicality of public health measures before they were announced. Industry associations also expressed uncertainty as to who in government was responsible for making decisions, creating confusion on where to provide information and who to engage with.

The private sector also noted the impact on their employees and viability of requirements to be the front-line administrators of government decisions, such as lockdowns. Businesses throughout the State were required to implement restrictions, including mandatory vaccinations checks and capacity limits, without additional funding.

These additional responsibilities contributed to employees reporting feeling burnt out as businesses also grappled with a labour shortage. These challenges were exacerbated in regional and remote areas, where businesses were highly dependent on backpackers and seasonal workers to meet their workforce needs.

The Review heard that some stakeholders felt government needed to engage better with health sector experts, with the Department of Health considered to be slow to engage with local experts. Stakeholders with significant expertise in health research, many of whom were on relevant national bodies, reported that they offered to assist but were not utilised to any meaningful extent.

However, the Review also heard from the Department of Health that it had engaged with a range of stakeholders and experts after what was a rapidly changing environment in the early stages of the pandemic.

The Review heard that, overall, engagement by WA Police Force with the community was one of the strengths of the WA Government's COVID-19 management. The majority of stakeholders responded positively to WA Police Force's 'compliance with compassion' approach, displayed through actions such as handing out masks to people who were not wearing them while mask mandates were in place, as opposed to handing them a fine.



## Case study: Health Consumers' Council

The Health Consumers' Council is an independent WA-based organisation, representing consumers' voices in health policy. During the pandemic, the Health Consumers' Council held several engagement sessions to discuss topics concerning COVID-19.

These sessions were run through a series of 'fireside chats' between 2020 and 2022, giving members and consumer representatives an opportunity to speak directly with executive decision makers within the health sector. Depending on the topic, the sessions were well attended and provided an opportunity for consumers to raise concerns or seek clarification.

It was also an opportunity for consumer representatives to gather information and become a further channel of communication to other organisations and their members. The sessions were recorded and were made available for viewing on the Health Consumers' Council website.

## Recommendations

### Recommendation 22:

The WA Government should consider ways to improve how it leverages external expertise from the business, community and health sectors to ensure better collaboration during future pandemics or emergencies.

### Implementation suggestions:

- As part of their pandemic planning, agencies should:
  - proactively identify and develop a list of external stakeholders (including community organisations, public health and medical experts, peak bodies, and business, arts and industry groups) who will need to be part of future pandemic responses; and
  - develop strategies in their agency pandemic plan that outline how they intend to engage with these groups in future pandemics or emergencies.
- Engagement strategies for external stakeholder groups should include the establishment of direct engagement mechanisms capable of providing advice to government and assisting government with disseminating key messages.
- The WA Government should consider providing support (either financial or in-kind support) to help community organisations, public health and medical experts, peak bodies, and business, arts and industry groups relied on to assist with future pandemic responses.

## Community support

The WA Government established a number of structures, provided emergency and welfare support, and delivered financial assistance to Western Australians to help the community deal with the impacts of necessary public health and social measures.

### Emergency and welfare support (including the SWICC COVID-19 Support Centre)

The SWICC was set up by the Department of Communities and was responsible for leading the provision of a broad range of emergency and welfare support to individuals throughout the pandemic. This included assistance at the borders, airports and in quarantine hotels, as well as providing emergency food, clothing and supplies, and conducting welfare checks for vulnerable people.

Food support for people isolating due to COVID-19 and experiencing financial hardship was also provided during the pandemic. Partnering with local providers, options varied depending on accommodation type, with hotel catering, takeaway food, vouchers and food boxes all used to assist people in need. In regional areas with fewer resources, the Department's staff would act as delivery agents to deliver hampers and food orders.

The SWICC COVID-19 Support Centre managed the welfare component of the 13 COVID information helpline, offering practical help to Western Australians impacted by the virus. The Department of Communities and WA Health worked directly with charitable and not-for-profit organisations to understand how the helpline could be tailored to best meet the needs of vulnerable people.

The Department of Communities responded to almost 40,000 calls for assistance. At the peak of the pandemic, the Support Centre was resourced to 55 full time employees to meet the demand from the community via the 13 COVID line.

### Accommodation

The Department of Communities provided emergency accommodation for a variety of individuals, while WA Health operated the mandatory quarantine program.

The Department of Communities also managed the provision of reception services and emergency accommodation at the border and airports and provided emergency accommodation for people who were required to isolate or quarantine and could not financially support their own isolation requirements.

### Financial assistance

The WA Government implemented a range of grants to enable businesses and organisations to continue to operate in difficult circumstances and to support individuals and families to manage everyday expenses.

Examples of the kind of payments and financial assistance provided by the WA Government included:

- a \$607 million household and small business stimulus package to support WA households and businesses with the arrival of COVID-19;
- level one and level two COVID-19 Business Assistance Packages which included small business rental relief, an outdoor dining and entertainment support package, small business hardship grants and payroll tax relief;
- the COVID-19 Test Isolation Payments Scheme (TIPS), administered by the Department of Communities, which provided financial support for workers who had to self-isolate

whilst awaiting the result of a PCR test, or were caring for someone who was isolating whilst awaiting a test result. Over 35,000 applications for the TIPS were received;

- household relief including electricity credits and a moratorium on rent increases; and
- a \$159 million COVID-19 relief fund, established with Lotterywest, to provide support to organisations providing crisis and emergency relief and to not-for-profit sports, arts and community organisations to help compensate for the cost of cancelled events.

The SBDC received over 58,000 applications for grants they were administering to small businesses including the Small Business Hardship Grant, Lockdown Assistance Grant Program rounds one and two, and Tenant Rent Relief. Over 45,000 of the applications lodged were successful in receiving funding.

## **Mental health**

Consistent with international trends, all Australian jurisdictions experienced an increase in demand during COVID-19 for mental health services (Australian Institute of Health and Welfare, 2023).

Throughout the pandemic, several initiatives were available to the community to provide additional mental health support. Community mental health services remained open but adapted to different modes of delivery such as telehealth or phone consults. The Mental Health Commission's Think Mental Health program offered the community online advice and strategies to help with anxiety, self-care, and ways to help others.

An additional \$3.51 million was allocated by the WA Government as part of the 2022-23 State Budget to meet the emerging and anticipated demand for suicide prevention services due to COVID-19.

The increase in mental health impacts was not unique to WA. A recent review of the longitudinal mental health impacts of the pandemic showed that probable depression and anxiety were significantly higher than pre-pandemic, and provided some evidence that that adolescents, pregnant and postpartum people, and those hospitalised with COVID-19 experienced heightened adverse mental health (Bower et al., 2023).

## **COVID Care at Home**

In January 2022, WA Health established COVID Care at Home to provide home monitoring care for COVID-19 positive patients at higher risk of serious illness from COVID-19 due to medical and social factors, with the aim of reducing unnecessary hospital presentations. People enrolled in the program received regular contact from a healthcare team to check their vital health signs and welfare and monitor general wellbeing via phone and telehealth.

The program concluded on 31 December 2022, with the last intake of patients occurring on 30 November 2022. The program successfully monitored more than 17,000 Western Australians, with less than 4 per cent of patients in the program requiring escalation to hospital.

## **What the Review heard**

Stakeholders commented that mental health, for both specific and vulnerable groups and the broader population, requires a targeted focus during pandemics. The Review heard that the pandemic placed an additional strain on an already stretched mental health system, amplifying shortages of community mental health services and support.

Stakeholders commented on the lack of targeted mental health support for vulnerable groups such as the CALD community, children and young people, and people experiencing homelessness. The homeless cohort was nominated as particularly at-risk, as many face-to-face services were cancelled and they were isolated from their usual social interactions and day-to-day supports.

Staff in MP's electorate offices reported that they also telephoned constituents to check if they were well, offer assistance, and answer any questions about COVID-19 directions and restrictions. The Review heard that this touchpoint between electorate offices and the community was highly valued, especially for people who were isolated or elderly. It allowed people to raise concerns and for electorate offices to provide help if necessary. However, it was acknowledged that stepping into a welfare role placed a strain on electorate office staff who were not specifically trained in this area.

Identifying suitable accommodation options which met isolation requirements presented a significant challenge. The Department of Communities did not have powers under emergency management legislation to commandeer accommodation. This presented a significant barrier, especially in regions with very limited options. A lack of suitable accommodation was exacerbated by the arrival of ships with non-WA residents during the pandemic, including the passenger vessel *Artania*, whose passengers were required to isolate in hospitals and hotels.

The Review heard that many commercial accommodation providers needed to be persuaded to house COVID-19 positive individuals and/or individuals with complex needs. In these circumstances frontline staff were vitally important and used their relationships to obtain information directly from individuals. This enabled government to provide targeted accommodation.

While grants and other financial support was generally well received by industry and the community, stakeholders expressed concerns with the timing and strict eligibility of some grants.

For example, in March 2022, the level two COVID-19 Business Assistance Package was announced which included \$2.8 million of payroll tax relief for large hospitality businesses. While the initiative itself was supported by industry associations, there was a view that the announcement of the grant was too late and there was a significant time lag between announcement and payment of the grant.

Stakeholders noted that some of the systems used to administer business grants were not always fit-for-purpose and that individual agencies had their own approaches which created inconsistencies.

A further issue was that the State Government did not have a central database that could enable it to reach all firms and small businesses potentially eligible for support. New South Wales was identified as having standout digital infrastructure and processes to manage and distribute grants which could be used as a model for a future system developed by government. Entering into data-sharing arrangements with the Australian Government may go some way towards overcoming this problem in the future.

## Recommendations

### Recommendation 23:

Recognising the global mental health impact of COVID-19 experienced by all jurisdictions, the WA Government should review and consider ways to improve the mental health supports available during a pandemic to help people manage their mental health and wellbeing.

### Implementation suggestions:

- The Mental Health Commission should review the additional mental health support that was provided by the WA Government during COVID-19.
- The outcomes of this review should be used to inform how to improve the mental health support provided by the WA Government in future pandemics.

### Recommendation 24:

The WA Government should review the emergency support provided for small and medium businesses and not-for-profit organisations during COVID-19 and consider what support should be provided in the event of a future pandemic.

### Implementation suggestions:

- WA Treasury, with support from SBDC and Lotterywest, should undertake an evaluation of the range of supports provided to small businesses and not-for-profit organisations during the pandemic to determine their effectiveness.
- The outcomes of this evaluation should be used to determine the level and type of support the government could provide during a pandemic or emergency and to whom.
- Information about this support should then be included in the WA Government Pandemic Plan to provide certainty and assistance with business continuity planning in advance of a pandemic.

### Recommendation 25:

The Office of Digital Government should consider how to improve the capacity of the WA Government to implement time sensitive and emergency-related grant payments to individuals and businesses.

### Implementation suggestions:

- Approaches used by other government agencies in WA (including Lotterywest) and interstate should be assessed to understand what systems and processes already exist and determine best practice for administering grant payments.
- The Office of Digital Government should explore how to utilise the Service WA application and the planned WA Business Directory to collect information that supports future emergency grant programs.

### **Case study: Care of the Older Person's Strategic Advisory Group**

The Care of the Older Person's Strategic Advisory Group (COOPSAG) was established in the early stages of the pandemic by the WA Health Minister and convened by the Department of Health. COOPSAG consisted of chief executive officers from leading aged care providers in WA, aged care peak bodies, and WA Health. COOPSAG advised the Department of Health on strategic issues for the aged care sector and identified areas for joint work at the health/aged care interface.

At the start of the Omicron outbreak in early 2022, COOPSAG members played a critical leadership role in identifying gaps in support for aged care providers. It also helped disseminate information throughout the sector to ensure stakeholders received the most up-to-date advice. The maturity of the relationship developed through COOPSAG was vital to a swift and effective response.

In mid-2023, COOPSAG transitioned into the Ministerial Advisory Panel on Aged Care, which is now chaired by the Parliamentary Secretary for Health and meets quarterly. COOPSAG's membership has carried across to the Ministerial Advisory Panel, with the addition of the United Workers Union.

### **Case study: WA Police Force's Industry Liaison Group**

In the early days of the pandemic, an industry and interagency team was established within WA Police Force's Operation Tide, comprising of a small group of officers dedicated to working collaboratively with industry and other government agencies.

The team aimed to protect the health of the community by supporting industries that could have presented a health risk to WA, including the maritime and aviation sectors. The team assisted industries to maintain business continuity (where possible) within the confines of any directions that may have been in place, as keeping them going was critical to the ongoing function of the community and economy.

While initially the focus was on the maritime and aviation industries, this grew during the pandemic to include industries such as resources and mining, universities, retail, transport (road/rail), tourism, performing arts, entertainment, and sport.

The team set up the Industry Liaison Group which met weekly and provided external stakeholders with information and guidance about what directions were in place. Initially, the Industry Liaison Group had 30 regular attendees. As the word spread across industries and the directions became more difficult to navigate, membership grew to 80 or 90 attendees.

Participants commented that WA was the only state to have such a group and that they felt it was of great value in helping them to navigate the complexities of the pandemic.

## Term of reference E: The effectiveness of public health levers on health outcomes

### Key findings:

- Throughout the pandemic, WA implemented numerous public health and social measures and leveraged its geographical isolation through border controls to deliver greater freedoms and fewer restrictions, lower numbers of infections and less serious illness in the community. This has been reflected in the Analysis of key health, economic and social indicators for the Review of WA's COVID-19 response (Appendix G), with case numbers remaining low until March 2022.
- While border restrictions were highly effective in reducing the number of infections, they caused hardship for some individuals, families and businesses.
- Some stakeholders felt that there was inconsistency in the granting of travel exemptions and that a wider definition of critical workers should have been adopted, in consultation with business and industry.
- The state-wide vaccination program and vaccine mandates were crucial to meeting targets for the opening of State borders, reducing rates of critical worker furloughing and facilitating the transition to post-COVID life, despite criticism from some sections of the community.
- Public health messaging and the cooperation of key community stakeholders (including by Aboriginal leaders, CALD communities, and faith and cultural groups) were critical for combating misinformation throughout the pandemic.
- Schools in WA largely remained open during the pandemic with minimal disruption to student learning.

### Introduction

Some of the most important and contentious elements of the WA Government's response to COVID-19 were the public health and social measures implemented to combat the spread of the virus. These legally binding measures were enacted through directions established under both the EMA and PHA.

Before vaccinations arrived and were readily available, many measures were implemented to keep the virus out of WA, including border controls, hotel quarantine, and short, sharp lockdowns to eliminate outbreaks. These were scaled up and down in response to the evolving risk profile of the virus, which included changes to capacity limits for venues, definitions of close and casual contacts, isolation protocols and contact registration.

Once vaccination rates increased and borders were re-opened, key strategies used to manage the spread of the virus included regular testing, mask wearing, the requirement to register a positive test result and self-isolation for positive cases.

This chapter explores the range of legally binding public health and social measures used to manage COVID-19 and their impacts on health outcomes for the WA community.

## Interstate and intrastate border controls

In early April 2020, in response to the growing number of infections interstate and overseas, the WA Government announced the closure of the interstate border to domestic and international travellers (WA Government, 2020a).

After the initial outbreak in February 2020, WA effectively eliminated community transmission of the virus by utilising short lockdowns and border controls. Community transmission was absent for 295 days between 11 April 2020 and 31 January 2021, and only intermittently at other times.

Border closures resulted in WA having the lowest case numbers in Australia, as outlined in the table below.

**Table | COVID-19 statistics on 18 January 2022 for Australian states and territories (Baum & Adams, 2023).**

Jurisdiction	Population	Official cases per 100,000	Official deaths per 100,000
Australian Capital Territory	432,300	4,743.67	4.40
New South Wales	8,189,300	8,010.54	10.78
Northern Territory	246,300	2,104.75	0.81
Queensland	5,221,200	3,546.98	0.69
South Australia	1,773,200	4,012.69	2.37
Tasmania	541,500	1,953.83	2.40
Victoria	6,649,200	7,152.82	25.48
<b>Western Australia</b>	<b>2,681,600</b>	<b>48.81</b>	<b>0.34</b>





Interstate border controls were regularly reviewed and adjusted depending on the risk profile of other jurisdictions. To ensure that decisions about border controls and other public health and social measures involved due consideration of the trade-offs between health, economic and social outcomes, officials who could speak to the enforcement, health and welfare implications of these decisions were included in the membership of key decision-making bodies. Between the initial introduction of the closed border in 2020 and its repeal on 3 March 2022, WA had open borders with states and territories ranging from approximately 115 days (Victoria) to approximately 400 days (Tasmania).

For approximately seven weeks (cumulative) the border was open to all jurisdictions at the same time, and for up to 24 weeks the border was open to all jurisdictions excluding NSW and Victoria.

There are some notable parallels between the border controls adopted during the COVID-19 pandemic and the Spanish influenza pandemic in 1919 in WA.

### Case study: The 1919 Influenza Pandemic in WA

Border closures during a pandemic are not new. An outbreak of the Spanish Flu pandemic in Victoria in January 1919 led the WA Commissioner for Public Health, Dr Everitt Atkinson, with the support of the Acting Premier and Minister for Health, Hal Colebatch, to issue orders that required passengers on the Trans-Australian train from Melbourne in late January to be quarantined at Parkeston, near Kalgoorlie.

The marquees intended for use by quarantining passengers were blown down by strong winds, resulting in passengers being quarantined on the train. This led to the Federal Government accusing WA of 'seizing' the train and a vigorous argument about state versus federal rights. The following two trains were also quarantined, after which the Federal Government suspended the rail service.

Numerous Western Australians were stranded in Melbourne, including the Premier, Sir Henry Lefroy, the Treasurer, and the Minister for Works, who had been attending the Premiers' Conference there. Colebatch had no appetite to relax the restrictions for Lefroy or the others, and the situation was exacerbated by a shipping wages dispute and strike.

The situation was ultimately resolved in late February 1919 when shipping services resumed, with seven days in quarantine being necessary after leaving the last port. The borders were considered important in delaying the entry of the virus by several months and enabled the State's population to be more prepared and conditioned to the inevitability of an outbreak than they otherwise might have been.

Source: (Blackwell, 2007)

### G2G Pass system

To support the border controls, the WA Government established the G2G Pass system. The G2G form which travellers completed provided authorities with information about an individual's health, travel movements and reasons for travel. Of the 2.6 million applications, 1.83 million received approval to enter the State.

Intrastate borders were introduced when there was a risk of infection within the metropolitan area reaching regional and remote areas. This was seen as important, as some of the most vulnerable Western Australians were in remote communities with limited access to medical care.

During the early stage of the pandemic there were occasions where people seeking to cross regional boundaries in WA were also required to apply for a G2G Pass.

The Review recognises that data regarding G2G Pass applications includes instances where people were required to submit multiple G2G Pass applications for a single trip (for example, if border requirements or their travel plans changed). There were also some who did not apply to travel due to concerns they would not be approved.

The G2G Pass system is discussed further in Term of reference B.

## **What the Review heard**

The primary driver for the border controls was keeping the community safe and, in this respect, they were highly successful. WA residents were able to enjoy greater local freedoms and fewer restrictions, lower numbers of COVID-19 infections and less serious illness in the community than in many other parts of Australia and globally.

This was particularly important at the start of the pandemic, when vaccinations were still being developed and there were more lethal COVID-19 variants circulating. Notwithstanding the criticisms discussed later in this section, stakeholders told the Review that they were overwhelmingly supportive of the border controls as they allowed the community to be insulated from the full impact of the pandemic.

The controlled border gave WA the chance to learn from the experiences of other jurisdictions, which was critical to the State's success when the situation was evolving rapidly. It also helped to ensure the WA Government was as prepared as possible for an outbreak (including sourcing critical supplies, training hospital staff, introducing hygiene protocols, and installing air purifiers and carbon dioxide monitors in schools), and allowed it to adjust measures where they appeared successful in other jurisdictions.

Internationally, WA has been identified as an example of a 'pandemic refuge' during COVID-19 that was able to achieve low spread of the virus due to border closures (Baum and Adams, 2023).

The Review heard that border controls allowed many of WA's industries to maintain operations relatively undisturbed, particularly export industries such as the mining and resources sector. This helped to deliver a significant economic dividend for WA, and Australia more broadly, at a time when a number of other economically significant industries (including international education and international tourism) were unable to operate or were severely affected.

At the same time border controls created challenges for companies that operated nationally or internationally, as well as for universities in relation to international student enrolments. The lack of engagement between the government and business leaders was cited as a concern, in part because of a perception that government did not take the opportunity to incorporate lessons and ideas from other jurisdictions which might have been helpful.

Concerns were also expressed by many sectors about the inability to import essential workers during border closures, especially in industries such as ports management where there is a limited domestic specialist workforce. The events and arts sectors also spoke of the damage to their businesses that came from not being able to bring in visiting performers and artists which several festivals and events relied on.

The Royal Flying Doctor Service (RFDS) highlighted the need for emergency medical service providers to be able to move freely across interstate borders to deliver patients to

appropriate care. This included transporting patients to Royal Darwin Hospital, performing a retrieval, or operating remote GP clinics in border areas. The Review heard that each time this was required during the pandemic, the RFDS had to submit its infection prevention and control processes and await approval before commencing the required services. It was suggested the WA Government could have done more to support such organisations to move quickly across borders and maintain continuity of patient care.

The most frequent feedback from public submissions included a perceived inconsistency, lack of flexibility and compassion in the management of border controls, and either frustration that the border closures ended too soon or, conversely, a general opposition to the closed border.

Some border communities which had responsibility for receiving interstate arrivals expressed their frustration about the speed at which changes were made and what they felt was limited communication and support from the relevant authorities.

The delay in the re-opening of WA's interstate borders from 5 February 2022 to 3 March 2022 created frustrations within the community. Stakeholders noted that they had made travel plans based on WA's Safe Transition Plan which had to be cancelled and the delay contributed to a sense of pandemic fatigue. The business community were also required to adjust their operations and delay travel at short notice.

### Case study: Pilbara Ports Authority

Port Hedland is the world's largest bulk export port (Pilbara Ports Authority, 2023), and the Pilbara Ports Authority requires the services of marine pilots to facilitate exports from the port. Most of its marine pilots live interstate, working on a fly-in/fly-out basis.

Border restrictions caused significant difficulties for pilots seeking to enter WA to provide pilotage at Port Hedland. This ultimately led to delays in vessel movements in January 2022, compounded by problems with the available pilots becoming fatigued, and one suffering an injury and unable to work.

All of these might have presented a threat to the State's export economy. The Pilbara Ports Authority undertook several measures to deal with this including endeavouring to obtain more favourable quarantine arrangements, employing two senior marine pilots, and training one of the deputy harbour masters to become a marine pilot.

The maritime industry also reported the exemption process for granting shore leave for vaccinated international crew was confusing, which limited uptake. Arrangements for international maritime crew are examined in more detail in the case study later in this chapter.

Regarding the assessment of G2G Pass applications, the Review heard that, in some cases, permission to enter WA was denied on the basis that the applicant(s) declined to undertake quarantine if they were coming from a state or country with a high level of virus circulating in the community.

The intrastate borders were considered by stakeholders to be effective in protecting regional and remote communities, although there was some criticism that the speed of implementation did not allow regional businesses time to prepare. Further to this, it was suggested that a more common-sense approach could have been adopted in scenarios where regional intrastate borders separated citizens from their closest major regional centre.

## Recommendations

### Recommendation 26:

Reflecting on the lessons learned from the COVID-19 pandemic, current and future WA governments should continue to consider the trade-offs between health, economic and social outcomes and the broader risk appetite when making future decisions on public health and social measures such as border restrictions.

### Implementation suggestions:

- Future iterations of the WA Government Pandemic Plan should include the development a framework which outlines various scenarios, their impact on health, economic and social outcomes and the appropriate level of border restrictions.

### Recommendation 27:

Where border restrictions are in place, current and future WA governments should continue to ensure that the process for granting exemptions is clear, transparent and widely publicised, and that exemption criteria are consistently applied.

### Implementation suggestions:

- Consideration should be given to making exemptions available for critical or essential workers across all sectors (including the arts and community sectors), particularly where exemptions are necessary to address regional skills shortages or fill hard to staff roles.

### Recommendation 28:

Current and future WA governments should consider how they can more effectively support organisations delivering critical services across border controls in times of emergency.

### Implementation suggestions:

- As part of their emergency management planning (including revisions to the WA Government Pandemic Plan), agencies should identify and prioritise critical services that need to be delivered across border controls.

## Vaccine mandates

On 20 October 2021, the WA Government announced that a mandatory COVID-19 vaccination policy would be introduced for most occupations and workforces in WA in a phased approach.

The intent of the mandatory vaccination program was to protect essential workforces and lift the vaccination rate in WA from one of the lowest in the country to one of the highest (Department of Health and Aged Care, 2021; Department of Health and Aged Care, 2022b), with the aim of having 90 per cent of the population over sixteen years having received two doses of the vaccine before the borders opened.

This high level of vaccination, together with travel restrictions into WA for people who had not been vaccinated, ultimately facilitated the opening of the border and a transition to the removal of restrictions. On 3 March 2022, when WA's border restrictions ended, over 95 per cent of the eligible population had received two doses of the vaccine (Department of Health and Aged Care, 2022c).

## Vaccine safety

On 15 February 2021, the AstraZeneca vaccine was provisionally approved by the TGA for use in Australia as a primary course. Rare side effects were observed after AstraZeneca was administered to Australians, including severe allergic reaction, blood clots, myocarditis and pericarditis (Department of Health and Aged Care, 2023c). Whilst small in number, these rare side effects contributed to some anxiety surrounding vaccination.

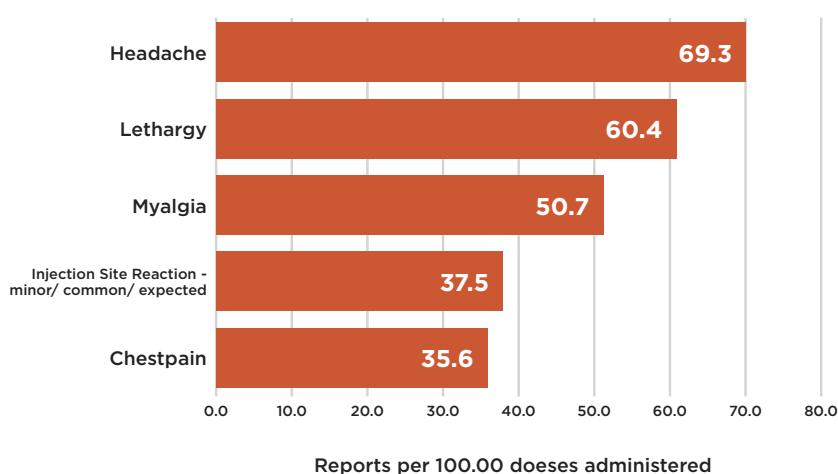
On 8 April 2021, ATAGI updated its advice, recommending the use of Pfizer as the preferred vaccine for eligible people under 50 years of age (Australian National Audit Office, 2022). As of July 2023, there are three vaccine brands that are approved and available for use in Australia: Pfizer, Moderna and Novavax (Healthdirect, 2023).

Throughout the period of the vaccine mandate, the Western Australian Vaccine Safety Surveillance (WAVSS) was the central reporting service in WA for any significant adverse events following immunisation.

The WAVSS 2021 Annual Report showed that there were 10,428 individual adverse events following immunisation reports received for persons vaccinated with a COVID-19 vaccine in 2021 that were assessed as possibly or certainly related to vaccination (Department of Health, 2022a). Overall, the rate of any COVID-19 vaccine adverse effect following immunisation in 2021 was 264.1 per 100,000 doses.

The most frequently reported reactions as featured in the WAVSS 2021 Annual Report are shown in the diagram below.

### Diagram: Rates of most frequently reported reactions following scheduled vaccination in 2021



The Australian Government has implemented a claims scheme to enable eligible claimants who have received a TGA-approved COVID-19 vaccine to obtain compensation for recognised moderate to severe vaccine-related adverse events, which are a small proportion of the total number (Department of Health and Aged Care, 2023a). The scheme covers losses or expenses of \$1,000 and above due to administration of a TGA-approved vaccine, or due to an adverse event that is recognised to be caused by vaccination.

## What the Review heard

Vaccine mandates, their efficacy and concerns regarding adverse reactions, were significant themes raised throughout the Review, with more than 70 per cent of public submissions focused on these topics.

The vaccine mandate received substantial criticism in some public submissions as an imposition on individual freedoms, while other submissions raised concerns about the safety of COVID-19 vaccines and the incidence of adverse events following immunisation.

The Review has noted the strength of the opinions voiced against vaccine mandates, both within Australia and abroad, while also noting the view of senior Government officials that imposing a mandate was a tough decision, but nonetheless warranted in terms of prioritising the safety of Western Australians.

The Review heard from many stakeholder groups who praised the WA Government for introducing the vaccination mandate. Medically vulnerable people, residents of aged care and their families, and the disability sector all voiced their support for the mandate and the role it played in protecting vulnerable cohorts. There was also strong support for the vaccination program being free.

As at the time of preparing this report, a large-scale, interdisciplinary research program led by the University of Western Australia is currently underway to explore the impact of the government COVID-19 vaccine mandates in Australia (The University of Western Australia, 2023). Its findings may be useful when considering vaccine mandates in future.

Reluctance to be vaccinated was compounded by the promotion of alternatives to the ATAGI-approved vaccination programs, such as the anti-parasitic drug Ivermectin – an alternative that some public submissions advocated. The Review looked at a range of publications from research programs dedicated to determining the value of Ivermectin and strongly agrees with the accepted scientific view which does not support its use by outpatients with mild to moderate COVID-19 (Naggie et al., 2022).

The Review notes the concerns around vaccination but recognises that there is a growing body of literature in relation to vaccine injury, in particular myocarditis (Paratz et al., 2023), which does not substantiate the claims made in public submissions about the COVID-19 vaccine causing widespread injury.

The Review heard consistent feedback on the need to improve communications in relation to COVID-19 vaccines. Stakeholders reported a significant level of misinformation in parts of the community. This led the Vaccine Commander to engage community leaders, such as Aboriginal elders, and trusted service providers in combatting misinformation regarding the vaccine. In the future the WA Government should undertake rapid, targeted campaigns directed at vulnerable cohorts as early as possible to reduce the sharing of vaccine misinformation online.

Several businesses and other organisations noted that greater clarity on the definition of a 'critical worker' in directions would have helped ensure that their workplaces were compliant with the requirements of the mandate.

## Case study: Combating the ‘Infodemic’

It is important for authorities to continue to work with community groups and the public to ensure accurate and scientifically reputable information is available and promoted.

Although there is generally a high level of support for public health measures, including vaccination programs, in WA, this should not be taken for granted. The World Health Organization draws attention to the need to ensure there is effective risk communication and community engagement in relation to significant public health events (World Health Organization, 2020).

In early 2020, the World Health Organization adopted the term ‘infodemic’ (from ‘information’ and ‘epidemic’) to refer to an excess amount of information, including misleading information and disinformation, in both digital and physical environments, during a disease outbreak (World Health Organization, 2023a).

The development and expansion of social media and internet use can be both helpful in disseminating accurate information regarding public health responses, but also unhelpful in spreading misleading or false information which causes confusion and distrust. Being continually alert to, and countering, the spread of inaccurate and misleading information in the public arena will be an important aspect of any future pandemic or public health emergency.

## Recommendations

### Recommendation 29:

The WA Government should advocate for an expansion of the existing Australian Government COVID-19 no-fault vaccination injury compensation scheme to cover a broader suite of vaccines.

### Implementation suggestions:

The WA Government (led by the WA Department of Health) should work with other states and territories to develop the policy rationale that can be used to advocate to the Australian Government.

### Recommendation 30:

Future WA governments should ensure that any future decisions on vaccine mandates are informed by the emerging research and data on vaccine mandates, including the outcomes of the research currently underway by the University of Western Australia on the impact and effectiveness of COVID-19 vaccine mandates.

### Implementation suggestions:

WA Health should monitor research currently underway by the University of Western Australia that will explore the impact of COVID-19 vaccine mandates.

### Recommendation 31:

The WA Government and health authorities should be continually alert to misinformation and disinformation regarding public health measures, and take necessary actions to engage with community groups, and the wider public, to counteract such messages.

### Implementation suggestions:

The WA Government, led by the Department of Health, should consider developing and implementing a public campaign to combat misinformation about COVID-19 and other vaccines.

## Quarantine

On 27 March 2020 the National Cabinet announced that all incoming international travellers would be required to undertake a 14 day supervised quarantine period in a designated accommodation facility.

The state of emergency declaration in WA enabled hotels to be requisitioned under section 182 of the PHA for quarantine purposes. In response to a request from National Cabinet, the Department of Health requisitioned 13 metropolitan hotels for use as quarantine facilities, together with Rottnest Island. The Department of Health was responsible for the establishment, oversight and operational management of these quarantine facilities.

The Public Transport Authority was responsible for the transport of interstate and international arrivals required to undertake mandatory hotel quarantine. This included taking arrivals from airports and cruise and freight ships to hotels, as well as transport between hotels when required. Infection control measures were adopted and followed, and no bus drivers undertaking this role were infected with COVID-19 as a result of their employment.

The Department of Communities also played an essential role in the quarantine system. During the arrivals process, Communities provided information and links to resources for travellers entering WA by air, land and sea. Following arrival, Department of Communities continued to support individuals experiencing hardship in isolation. They conducted welfare checks on hotel occupants and, in conjunction with VenuesWest, provided assistance to COVID-19 affected people in self-isolation who had no support networks, could not access food and essentials, or were experiencing financial hardship.

Department of Communities also worked with WA Health to develop the Placement of Unaccompanied Minors in Quarantine or Isolation Policy, which applied to minors who were arriving in WA alone and were required to isolate due to COVID-19.

### Case study: Emergency accommodation: Four Points by Sheraton

The Department of Communities entered into an agreement with Four Points by Sheraton to accommodate people with COVID-19 and established an on-site welfare support team to ensure the welfare needs of isolating individuals were met. This team worked closely with WA Health, the Mental Health Commission, the WA Primary Health Alliance, the Office of Homelessness and community service organisations to coordinate bespoke services to meet the needs of isolating individuals.

The on-site welfare support team also worked collaboratively with Four Points by Sheraton management and WA Police Force to manage any breaches of isolation rules.



Two significant reviews of hotel quarantine were undertaken during the pandemic. The first was triggered by the infection of a hotel quarantine worker in January 2021, which led the Department of the Premier and Cabinet to commission Professor Tarun Weeramanthri to conduct an independent Review of Hotel Quarantine Arrangements in Western Australia (Weeramanthri, 2021).

The Weeramanthri review was received in three sets of interim advice. The first focused on the issue of ventilation and other infection control protocols for the quarantine hotels. The second focussed on governance, accountability and risk management, while the third was on data systems and information sharing. The third interim advice also contained recommendations for a fit-for-purpose quarantine system for the future, with the one overarching recommendation: HMA/SHICC to transition hotel quarantine to a 'one program, one culture' model with strengthened corporate and clinical governance in order to enhance assurance and manage current and future risks.

The second major quarantine review, the National Review of Quarantine, was commissioned by the Australian Government in 2020 and undertaken by Jane Halton (Halton, 2021). This review examined quarantine arrangements in all states and territories, and the final recommendations were endorsed by the National Cabinet.

The recommendations from the Halton Review are provided in the following table.

### Table: National Review of Quarantine | Recommendations

**Recommendation 1** – The Australian Health Protection Principal Committee should maintain national principles for good practice in managed quarantine. State and territory authorities, including Auditors-General, should review their respective jurisdiction's compliance with these principles.

During the course of the pandemic, the National Cabinet should be provided with regular updates on the quarantine system and compliance with these principles.

**Recommendation 2** – All governments should commit to improved and timely information sharing, including the establishment of a common quarantine dataset so that quarantine capacity and allocations can be determined. The dataset would include the total number of quarantine places, usage and incorporate forecast arrivals into quarantine.

**Recommendation 3** – All governments should reference current National Plan settings and the COVID-19 quarantine principles outlined in this report when considering requirements for travellers to undertake quarantine.

**Recommendation 4** – All governments should commit to urgent work to forecast and publish managed quarantine capacity and projected arrivals based on increased arrival caps and altered quarantine requirements. This will provide certainty and enable airlines, businesses and Australians seeking to return to plan their travel.

**Recommendation 5** – The National Cabinet should agree to:

- The five COVID-19 quarantine principles;
- A risk-based quarantine framework that stratifies travellers based on risk factors; and
- A staged approach to step down quarantine requirements in line with the National Plan.

## Table: National Review of Quarantine | Recommendations

**Recommendation 6** – States and territories should immediately commence stepping down quarantine requirements by phasing out the use of managed quarantine for interstate travellers and introducing home quarantine where feasible for low-risk fully vaccinated Australians and residents returning from overseas.

**Recommendation 7** – Quarantine requirements should be proportionate to risk so that home quarantine or quarantine-free options are used as the usual practice while managed quarantine, including purpose-built and hotel quarantine facilities, is used where necessary.

**Recommendation 8** – States and territories should apply risk mitigations when implementing new models of quarantine. The least restrictive quarantine option should be preferred, including quarantine-free options for low-risk cohorts.

**Recommendation 9** – All governments should work together towards a future where quarantine requirements become the exception rather than the norm while ensuring managed quarantine can be scaled up quickly to meet future challenges including to prevent the introduction of new variants of concern.

After the closing of the WA border on 24 March 2020, all interstate arrivals were required to self-quarantine for 14 days. This process was managed by WA Police Force, who collated information on arrivals from the Australian Border Force or the Australian Federal Police, initially through paper-based information but, ultimately, through the G2G Pass system. Information was integrated with the Department of Health so any health risks could be identified.

The two quarantine systems for interstate and international arrivals worked side by side until January 2022, when all travellers testing negative were permitted to isolate outside the hotel environment for seven days. Following the commencement of WA's Safe Transition Plan in early February 2022, only unvaccinated travellers were required to quarantine for a fortnight. Quarantine-free travel into and out of the State was subsequently established in early March 2022.

Border closures had particular implications for the maritime industry, as maritime crew workers from an affected vessel could not disembark onto land within WA without approval from the State Emergency Coordinator or delegate (Codreanu et al., 2021). Arrangements for maritime crew and vessels were further complicated due to the interface with Commonwealth Government biosecurity arrangements.

### Case study: International Maritime Crew

International maritime crew during COVID-19 faced long times at sea and restricted shore leave due to closed borders. The International Maritime Organisation conventions relating to the time a crew member can stay onboard a vessel were suspended and shore leave was prohibited.

In March 2022, the WA Government released the Maritime Crew Member Directions (No 7). These effectively permitted shore leave for vaccinated international maritime crew, subject to meeting the requirements in the directions.

In response to the risks imposed by commercial vessels arriving in Western Australian waters, the Department of Transport established and chaired the Shipping Review Panel. Transport led numerous information-gathering exercises with industry and implemented multiple protocols to support the freight, port and aviation industries.

## What the Review heard

There was limited feedback on hotel quarantine provided during the Review, both in stakeholder submissions and from the general public, which reflects the relatively low number of Western Australians who had first-hand experience.

Initially, the program encountered problems, as the Weeramanthri review demonstrates, including the lack of a central, single reference document summarising the day's arrivals and escort tasks. Of note was the inability or unwillingness of airlines to provide flight manifests that would enable authorities in WA to gauge the risk levels of passengers and determine quarantine requirements. The Weeramanthri review also heard that hotel quarantine was not appropriate for people with complex mental health support needs.

Government agencies spoke of the logistical issues that establishing hotel quarantine had on their workforces. The Department of Health, the Department of Communities, the Department of Transport and WA Police Force found themselves dealing with a health, welfare, logistical and requisitioning situation that they had had no prior experience with. The personal and health challenges faced by international maritime crews, and the various agencies and ports involved with them, were also nominated as challenging.

Due to the complexity involved in establishing and running a quarantine system, it was suggested that, in future, there may be benefit in appointing a Quarantine Commander to oversee the whole program, armed with the learnings from the COVID-19 quarantine experience.

Throughout the Review, community stakeholders demonstrated a preference for home isolation over hotel quarantine given the financial implications and desire to be in their own residence.

The Review heard strong feedback that in a future pandemic, quarantine should be a mix of home isolation supported by advanced technology of the day, together with limited hotel quarantine only when required, and use of the Bullsbrook Quarantine Facility (known formally as a Centre for National Resilience) or a similarly designed facility.



## Recommendations

### Recommendation 32:

The WA Government should continue to use the recommendations in the Halton Review and Weeramanthri Review as an ongoing source of guidance for any future quarantine programs.

### Implementation suggestions:

- -

### Recommendation 33:

In future pandemics, the WA Government should again implement a mixed model of quarantine, including home quarantine, hotel quarantine and quarantine facilities, which is adjusted depending on the risk profile of the pandemic and circumstances of the individuals subject to quarantine.

### Implementation suggestions:

- Home quarantine should be preferred where it is feasible to do so.
- In a future pandemic, the State Government of the day should consider appointing a Quarantine Commander (similar to a Vaccine Commander) to oversee any large-scale quarantine program.

### Recommendation 34:

Future quarantine arrangements should be adopted that allow maritime crew to be safely rotated off ships and brought ashore.

### Implementation suggestions:

- Department of Transport should consider establishing a Shipping Review Panel for future similar emergencies.

## Additional public health and social measures

### Physical distancing and venue closures

To support the WA Government's strategy of virus elimination and then suppression, a range of additional public health and social measures were mandated at different times, according to the level of threat from the virus.

In March 2020, following a National Cabinet meeting, stage one physical distancing directions came into effect for the Western Australian community. This included physical distancing requirements which led to events – ranging from small domestic gatherings to large-scale arts, entertainment, and sporting events – being either restricted, or not allowed to proceed, and restrictions (through the Australian Government) on aged care centres.

Small and medium businesses that were reliant on customers attending in person (especially those in the hospitality and personal services sectors) were disproportionately affected by physical distancing requirements. Businesses and organisations were also subject to venue closures over the course of the pandemic. When stage one physical distancing directions came into effect, facilities including pubs, bars, clubs, indoor sporting venues, cinemas, cultural institutions and places of worship were required to close immediately. This had a significant and damaging effect on their financial viability and on the communities they supported.

During April 2020, the WA Government announced the cautious easing of restrictions to ensure families and friends could stay connected during the pandemic. Physical distancing

and venue closure requirements were modified throughout 2020 and 2021 according to the level of risk presented by the virus. In addition, throughout the pandemic, venues were at times required to complete COVID-19 Event Checklists and Plans and COVID-19 Safety Plans to align with the health advice of the time. This process was managed by the Department of Health and the Office of the Chief Health Officer.

At the end of 2021, with the establishment of WA's Safe Transition Plan, steps were outlined for the gradual easing of restrictions.

### **Case study: Court and tribunal services during COVID-19**

The Department of Justice's Court and Tribunal Services Division administers court services across WA, including tribunals and boards, and provides services to victims of crimes and children engaged in the justice system. The Division continued to operate and deliver core services to the public throughout COVID-19 restrictions.

The Courts Technology Group delivered access to enhanced audio-visual systems and Microsoft Teams for courtrooms and tribunals, which allowed greater flexibility in providing remote attendance for participants. This enabled both judicial officers and participants to connect to a virtual sitting from a personal computer, laptop, tablet, mobile phone or landline and to all court and hearing room audio-visual functions.

This expanded functionality ensured access to justice continued, reducing adjournments that may have otherwise been caused by the inability of a court participant or judicial officer to physically attend a hearing. Audio-visual systems reduced the need for persons in custody, witnesses and judicial officers to physically attend court facilities, thereby facilitating safer and more cost-effective access to justice across WA.

### **Mask mandates**

In response to the growing body of evidence regarding the airborne nature of the COVID-19 virus (Piscitelli et al., 2022; Lewis, 2023), a mask-wearing mandate was included in the tightening of restrictions on 27 June 2021. As the pandemic continued, mask mandates were updated in response to the changing COVID-19 situation.

From September 2022, the mandate formally ceased, although mask wearing was still encouraged and, in some venues, such as aged care facilities, required by management for entry. To support the mask mandate for essential services, Transit Officers were given legislative powers to enforce mask wearing on public transport, with free masks and free RATs made available.

### **Lockdowns and outbreaks**

As highlighted earlier in this report, short, sharp lockdowns were used in WA to manage the threat of COVID-19 outbreaks.

Several measures were introduced and reinstated by the WA Government during lockdowns. This included limiting movement (except for essential reasons, such as undertaking essential work or food shopping), closing non-essential businesses temporarily, introducing working from home arrangements, shifting to online education, and introducing physical distancing requirements.

As mentioned under Term of reference C, multi-agency incident management teams involving WA Police Force, WA Health, Department of Fire and Emergency Services and the Department of Communities were established to respond to emergencies, including

potential outbreaks in remote Aboriginal communities. Through these teams small outbreaks were generally effectively managed in remote communities, aged care facilities and mental health facilities, with contact tracing a critical factor in preventing these outbreaks spreading into the community at large.

The WA Government supplemented border controls with appropriate contact tracing and quarantine controls, and protocols were established for close contacts and casual contacts in situations where there had been contact with people with the virus.

### What the Review heard

There was considerable support for the physical distancing measures from medically vulnerable people, older members of the community, and remote Aboriginal communities.

While acknowledging the benefits of physical distancing and venue closures from a health perspective, for many businesses, in particular small businesses, the negative impacts on their operations were significant. The range of businesses and organisations that were affected financially was extensive, including hospitality venues, tourism businesses, arts organisations, community sports organisations, and many others.

Attempts to gain greater clarity about the implications of the mandates encountered obstacles when telephone helplines, such as 13 COVID, went unanswered, or when government agencies were unable to provide clarity on what the options might be for different organisations.

Financial compensation packages took considerable time to flow through, and the range of agencies involved in this program, Treasury, the SBDC, Lotterywest and various divisions of the Department of Local Government, Sport and Cultural Industries, added to the stress and complexity of understanding the situation for business owners, especially small firms.

The prevailing view from respondents was that prior consultation and a more nuanced approach would have strengthened the WA Government's COVID-19 physical distancing policies. Greater streamlining and agility in the grants programs would have supported businesses more effectively.

Of all mandated levers to support the health response, the Review heard the least negative feedback in response to the mask mandate. There was general support from within the health sector and vulnerable cohorts such as those working in and comprising the disability sector, the medically vulnerable, and homelessness advocates, although concerns were expressed by the latter that there were not enough masks made available to this particular cohort.

Some groups expressed concerns about the difficulties of engaging in a therapeutic setting when wearing masks, while other professionals expressed concern about not being able to obtain N95 masks for use in clinical settings. It was also suggested that, when mask wearing was mandated, there was an opportunity for improved education of the public about the most and least effective ways of wearing masks, and of the most effective type of mask to be worn.

The Review also heard that policing of wearing of masks in venues or on public transport was challenging, with stakeholders noting that additional training could have been provided to individuals enforcing the mandates. People resisting the mask mandates were at times aggressive. This was further exacerbated when proof of vaccination was mandated for entry into public venues from early 2022.

It was also suggested by community and business stakeholders that in future pandemics, where the issuing of a mandate would have a significant impact on an agency or industry, it would be helpful to engage with the businesses and their workforces in the formulating of the directive.

In relation to lockdowns, respondents from the public sector, the health sector, vulnerable cohorts and some members of the public were of the view that the short lockdowns experienced in WA were effective at limiting the spread of the disease and protected vulnerable communities.

Feedback from other community stakeholders indicated that lockdowns exacerbated mental health concerns and were challenging for those living alone. Business stakeholders also highlighted the confusion around which businesses were allowed to operate during lockdowns.

## **Schools and education**

For schools and the wider education system, lockdowns, particularly the initial nationally-mandated lockdown, created significant challenges.

When the national lockdown was announced, National Cabinet agreed that schools would remain open until the end of the first term of the school year. As a result, on 26 March 2020, the WA Government announced new guidelines for schools.

The Premier announced all public schools in WA would stay open until 3 April 2020. Parents and carers were strongly encouraged to keep their children at home if they had access to online resources and were able to do so, with learning at home resources made available to students. Parents who needed their children to attend school to maintain employment, and those in vulnerable families, could continue to attend in person. The independent school systems were encouraged to follow suit.

The first term was terminated one week early, with teachers and education assistants using 6-9 April 2020 to complete professional development at school to prepare for Term 2 and develop a longer-term education model that would respond effectively to COVID-19 while not enforcing long term school closures.

Over the course of the pandemic, schools encountered significant workforce challenges. In semester one of 2022, there were up to 8,000 staff off work out of 25,000 on any given day. To address these shortages, qualified teachers who worked within the Department of Education in corporate roles were deployed into a relief teaching pool, although this added pressure on the Department as whole.

## **What the Review heard**

Stakeholders were appreciative that WA did not experience the prolonged school shutdowns experienced in some other jurisdictions over the course of the pandemic.

However, the lockdowns that were experienced, particularly the nationally mandated lockdown, led to significant concern, especially for families where both parents were required to work. Lockdowns enforced for specific schools due to the emergence of the virus amongst students or staff also created stress for families.

A number of stakeholders also expressed concerns about the impact upon children's mental health caused by the disruption to their normal pattern of life. The Review heard that schools need to review the approach they take to providing care and support to children and young people with mental-ill health and social challenges.

Online learning delivered by schools was identified as difficult given the varying needs of children and families. While acknowledging that the delivery of online learning was sufficient for some children and families, stakeholders noted there are opportunities for improvement and the Department of Education could have been better prepared in this area.

The Department of Education increased access to the School of Isolated and Distance Education's online service delivery, as the main centre for distance education and online learning in WA, and increased uplift in the technological capacity of schools in remote communities. Stakeholders noted that the uplift in technology in remote communities was challenging and time consuming. It was also recognised throughout the Review that the Department of Education should continue to explore and invest in hybrid models of learning.

The Review heard that boarding schools throughout WA were subject to federal policies which created challenges for families navigating the border restrictions when students were not able to stay at school, or, for some, during school vacation periods.

Some stakeholders within government also noted there were challenges initially with the lack of clarity around directions for TAFE, as the directions predominantly focused on schools and universities.

### **Case study: Schools, children and young people**

The former Commissioner for Children and Young People issued an open invitation for children to write anonymously to share how they were feeling and what supports were helping them as COVID-19 unfolded. Some of the key themes raised were mental health, impacts on recreation, connection to friends and family relationships.

Some children enjoyed being temporarily educated at home or having more family time during lockdowns, however others reported feeling sad and worried about family or missing their friends. Questions about whether lockdowns and remote learning had a negative impact on the mental health of children and young people have since been raised.

While impacts on everyday school life and adjusting to online education were challenging for both students and their families, the community showed great resilience.

Schools and teachers provided more than just education. In some cases – particularly in regional or remote areas – they provided advice and practical assistance to communities and families, acting as an extended support network.



## Recommendations

### Recommendation 35:

Future WA governments should again ensure that, where possible, schools remain open during a pandemic so that they can continue to provide essential support to students and wider school community.

### Implementation suggestions:

- The Department of Education should continue to build on digital capability and online curriculum for use in emergency scenarios where face to face instruction is no possible.
- In a future pandemic, school closures should only be used as a last resort.



## Conclusion

Throughout the COVID-19 pandemic, WA was a world leader in maintaining both low case numbers and a strong economy. The State was nearly COVID-zero in the first two years of the pandemic, the economy grew across all sectors, and schools remained open. The success of WA's COVID-19 management and response reflects the efforts of the WA Government and how tirelessly healthcare professionals and the wider public service worked to protect Western Australians.

Government, business, the community sector and members of public all experienced major disruptions to daily life but came together to keep the community safe. The determination and resilience of the entire Western Australian community to respond to challenges of COVID-19 should not be understated.

From small businesses and venues navigating vaccination checks and mask mandates, to Aboriginal community-controlled organisations working relentlessly to support vulnerable people, the remarkable efforts of Western Australians played a significant role in reducing transmission of the virus and protecting those most in need.

The effects of the virus will continue to be felt well into the future as Western Australians learn to live with COVID-19 in the community. Although WA suppressed the number of infections and the economy continued to grow, there were many who experienced and continue to experience significant hardship.

Feedback from Western Australians, including those who experienced adversity during COVID-19, has been critical to undertaking this Review. It has helped the panel understand how the pandemic affected people both individually and collectively. The panel is deeply appreciative of all who took the time to share their experiences and hopes that the lessons learned from this Review contribute to protecting Western Australians now and in future pandemics.

The Review's findings recognise the strengths and challenges of the WA Government's response, while the recommendations form a blueprint for future governments to help deal with future pandemics. These recommendations are supported by a series of implementation suggestions which provide practical and actionable steps to fulfil the recommendations.

COVID-19 was not WA's first pandemic, and it is unlikely to be the last. Given the increasing risk of pandemics it is a very real possibility that some people who experienced COVID-19 will live through another pandemic. It is critical the WA Government takes action to strengthen its planning and preparedness. This Review provides an opportunity for WA to capitalise on the lessons learned from COVID-19 and ensure it is ready to face the next major public health emergency.

## Appendix A: Glossary

<b>ATAGI</b>	Australian Technical Advisory Group on Immunisation
<b>CALD</b>	Culturally and linguistically diverse
<b>CHO</b>	Chief Health Officer
<b>COOPSAG</b>	Care of the Older Person's Strategic Advisory Group
<b>EMA</b>	<i>Emergency Management Act 2005 (WA)</i>
<b>EMT</b>	Emergency Management Team
<b>GP</b>	General practitioner
<b>HMA</b>	Hazard Management Agency
<b>MP</b>	Member of Parliament
<b>PCR</b>	Polymerase chain reaction
<b>PHA</b>	<i>Public Health Act 2016 (WA)</i>
<b>PHEOC</b>	Public Health Emergency Operations Centre
<b>PHOCUS</b>	Public Health Operations COVID-19 Unified System
<b>PHSM</b>	Public health and social measures
<b>PPE</b>	Personal protective equipment
<b>PSC</b>	Public Sector Commission
<b>PSLC</b>	Public Sector Leadership Council
<b>RAT</b>	Rapid Antigen Test
<b>RFDS</b>	Royal Flying Doctor Service
<b>SBDC</b>	Small Business Development Corporation
<b>SDC</b>	State Disaster Council
<b>SEC</b>	State Emergency Coordinator
<b>SEMC</b>	State Emergency Management Committee
<b>SHICC</b>	State Health Incident Control Centre
<b>SOE</b>	State of Emergency
<b>SWEC</b>	State Welfare Emergency Committee
<b>SWICC</b>	State Welfare Incident Coordination Centre
<b>SSO</b>	State Solicitor's Office
<b>TGA</b>	Therapeutic Goods Administration
<b>WA</b>	Western Australia
<b>WAVSS</b>	Western Australian Vaccine Safety Surveillance
<b>WHO</b>	World Health Organisation

## Appendix B: Terms of reference

The Review will consider WA's COVID-19 management and response to ensure preparedness for future pandemics.

In particular, it will examine and provide recommendations on the following:

- a) Pandemic planning and preparedness, specifically:
  - i Public sector pandemic plans and policies; and
  - ii Public sector capacity and capability.
- b) Government programs and processes to support the health response, specifically:
  - i COVID-19 testing, including the Free Rapid Antigen Test (RAT) program, procurement of ventilators, mask distribution, and vaccine rollout; and
  - ii Digital solutions (e.g. PHOCUS, VaccinateWA, G2G, SafeWA and ServiceWA).
- c) Intragovernmental communication and cooperation, specifically:
  - i Structures and resource mobilisation across the public sector; and
  - ii Data collection, sharing and use.
- d) Community support, engagement, and communication, specifically:
  - i Public communications and campaigns; and
  - ii Industry and community engagement.
- e) The effectiveness of public health levers on health outcomes, specifically:
  - i Public health and social measures, including borders; and
  - ii Testing, tracing, isolation, and quarantine.

The Review will consider the findings of previous and ongoing COVID-19 reviews, including departmental post operation reviews. Where reviews are already complete, it is not intended that this Review duplicate that work.

In addition to considering Government's future preparedness, the reviewers will also consider the economic, social and health outcomes of WA's COVID-19 management and response. This exercise will draw on publicly available information, existing data and information held across the WA public sector and other relevant parties. Where appropriate, WA's outcomes will be compared to other similar jurisdictions.

## Appendix C: Consultation summary

### Written submission received from organisations

- Aboriginal Family Legal Services
- Australian Dental Association (WA Branch)
- Australian Medical Association (WA)
- Chamber of Arts and Culture Western Australia
- Chamber of Minerals and Energy of Western Australia
- Chief Psychiatrist of Western Australia
- Commissioner for Children and Young People WA
- CoVerse
- Curtin University, Murdoch University, Edith Cowan University and the University of Notre Dame (joint submission)
- Department of Biodiversity, Conservation and Attractions
- Department of Communities
- Department of Fire and Emergency Services
- Department of Health
- Department of Justice
- Department of Training and Workforce Development
- Department of Transport
- Environmental Health Association (WA)
- Fremantle Herald
- Good Ancestors Policy
- Health Consumers' Council WA
- Health and Disability Services Complaints Office
- Mannkal Economic Education Foundation
- Mental Health Commission
- PathWest
- People with Disabilities (WA)
- Pharmacy Guild of Australia (WA Branch)
- Pilbara Ports Authority
- Royal Flying Doctor Service Western Operations
- Shire of Dundas
- Small Business Development Corporation
- State Emergency Management Committee
- State Library of Western Australia
- Strata Community Association WA
- Telethon Kids Institute
- UnionsWA
- VenuesWest
- WA Local Government Association
- WA Primary Health Alliance
- Wesfarmers

## Interviewees

- Tony Auld, Chief Executive Officer, Jigalong Council
- Col Blanch, Commissioner of Police (former Deputy Commissioner of Police, State Emergency Coordinator)
- Kirsten Chivers, A/Deputy State Solicitor
- Dr Tudor Codreanu, Director Disaster Preparedness and Management Directorate, Department of Health (former COVID-19 Incident Controller and Medical Advisor to the SHICC)
- Hon Roger Cook MLA, Premier; Minister for State and Industry Development, Jobs and Trade; Public Sector Management; Federal-State Relations (former Minister for Health)
- Stuart Cowie, Executive Director, Department of Communities
- His Excellency the Honourable Chris Dawson, Governor of Western Australia (former Commissioner of Police, State Emergency Coordinator and Vaccine Commander)
- Hon Stephen Dawson MLC, Minister for Emergency Services; Innovation and the Digital Economy; Science; Medical Research; Minister Assisting the Minister for State and Industry Development, Jobs and Trade
- Dr Ron Edwards, Chair, State Emergency Management Committee
- Richard Goyder, Chairman and Independent Non-Executive Director, Qantas; Chairman and Independent Non-Executive Director, Woodside Petroleum Ltd.; Chair, AFL Commission
- Howard Gretton, Official Secretary, Government House (former State Emergency Public Information Coordinator and former Director, Media and Corporate Communications, Commissioner's Media Adviser, WA Police Force)
- Angela Kelly, A/Deputy Director General, Department of Health
- Angela Komninos, A/State Solicitor (former A/Deputy State Solicitor)
- Hon Mark McGowan (former Premier; Treasurer; Minister for Public Sector Management; Federal-State Relations)
- Sharyn O'Neill, Public Sector Commissioner (former State Recovery Controller)
- Professor Rino Rappuoli, Scientific Director of the Biotechnopolo di Siena Foundation, Italy
- Dr Andrew Robertson, Chief Health Officer
- Lisa Rodgers, Director General, Department of Education
- Emily Roper, Director General, Department of the Premier and Cabinet
- Mike Rowe, Director General, Department of Communities
- Dr David Russell-Weisz, Director General, Department of Health
- Hon Amber-Jade Sanderson MLA, Minister for Health; Mental Health
- Caroline Spencer, Auditor General for Western Australia
- Paul Steel, Independent Monitor, Office of the Independent Monitor (former Police Assistant Commissioner – Operation Tide)
- Hon Reece Whitby MLA, Minister for Environment; Climate Action; Racing and Gaming (former Minister for Emergency Services)

## Workshop attendees

- Aboriginal Health Council of Western Australia
- Aged and Community Care Providers Association
- Australian Hotels Association (WA)
- Australian Institute of Company Directors
- Australian Medical Association (WA)
- Chamber of Arts and Culture Western Australia
- Chamber of Commerce and Industry WA
- Chamber of Minerals and Energy of Western Australia
- Department of Communities
- Department of Education
- Department of Finance
- Department of Fire and Emergency Services
- Department of Health
- Department of Justice
- Department of Mines, Industry Regulation and Safety
- Department of the Premier and Cabinet
- Department of Primary Industries and Regional Development
- Department of Transport
- Department of Treasury
- Department of Water and Environmental Regulation
- Derbarl Yerrigan Health Service
- Gascoyne Development Commission
- Geraldton Regional Aboriginal Medical Service
- Goldfields-Esperance Development Commission
- Great Southern Development Commission
- Health Consumers' Council WA
- Health Support Services
- Kimberley Development Commission
- Local Government Professionals Australia WA
- Maritime Industry Australia
- Mental Health Commission
- Mid West Development Commission
- Office of Multicultural Interests
- Office of State Security and Emergency Coordination
- Puntukurnu Aboriginal Medical Service
- Regional Chamber of Commerce of WA
- Seniors Recreation Council of WA
- Shelter WA
- Small Business Development Corporation
- South West Aboriginal Medical Service
- South West Development Commission

- SportWest
- State Emergency Management Committee
- State Solicitor's Office
- Telethon Kids Institute
- Tourism Council WA
- VenuesWest
- Western Australian Association for Mental Health
- Western Australian Council of Social Services
- WA Local Government Association
- Western Australian Police Force
- Wheatbelt Development Commission



## Appendix D: Timeline of key COVID-19 events in WA

Date (2020-21)	Key event
21 February 2020	First case of COVID-19 recorded in WA.
1 March 2020	First death from COVID-19 in Australia recorded in WA.
11 March 2020	WHO declares COVID-19 a global pandemic.
15 March 2020	State of emergency declared in WA under the EMA.
16 March 2020	Public health state of emergency declared in WA under the PHA.
16 - 20 March 2020	National Cabinet introduces physical distancing measures, limits on gatherings of more than 500 people and bans on cruise ships entering Australia from foreign ports.
20 March 2020	International border closes for arrivals except for Australian citizens and residents.
31 March 2020	Intrastate border closures for WA's regions in effect - essential services only.
6 April 2020	WA's border closes. Schools close one week early for school holidays.
11 April 2020	WA recorded its last case of unknown community transmission in 2020.
April 2020 - June 2020	'WA roadmap' - phases 1 to 4, outlining the gradual ease of COVID-19 restrictions.
14 November 2020	New controlled interstate risk categories introduced: 'very low', 'low', 'medium' risk categories introduced.
5 December 2020	Contact registration requirement in effect and SafeWA application launched.
31 January 2021	Community transmission detected: five-day lockdown for Perth, Peel and South West followed by phased measures. School term start delayed by one week.
23 April 2021	Community transmission detected: three-day lockdown for Perth and Peel, followed by phased measures.
29 June 2021	Community transmission detected: four-day lockdown for Perth and Peel, followed by phased measures.
13 August 2021	Controlled border policy expanded: 'High' and 'Extreme' risk categories introduced.
20 October 2021	Mandatory vaccination policy implemented for a majority of occupations and workforces in WA to be introduced in a phased approach.
5 November 2021	WA's Safe Transition Plan announced.
13 December 2021	WA's Safe Transition Plan released with border controls scheduled to ease on 5 February 2022.
22 December 2021	Community transmission detected and restrictions (mask wearing, restrictions on events and high-risk venues) introduced for Perth and Peel to 4 January 2022.

Date (2022)	Key event
11 January 2022	ServiceWA app launched to include SafeWA, proof of COVID-19 vaccination and G2G Pass in one platform.
20 January 2022	WA's Safe Transition Plan implementation and 5 February opening of the borders delayed due to risks posed by Omicron.
28 January 2022	COVID Care at Home program introduced.
31 January 2022	Proof of COVID-19 vaccination requirements expand state-wide.
18 February 2022	WA's Safe Transition Plan updated: borders to ease on 3 March 2022.
21 February 2022	Level 1 PHSMs imposed in Perth, Peel, South West, Wheatbelt, Great Southern and Pilbara. International border reopened to all fully vaccinated visa holders.
27 February 2022	WA Free RAT Program launches with free tests offered to all WA households.
3 March 2022	WA effectively re-opens its borders. Entry from interstate permitted for vaccinated arrivals into WA. Level 2 PHSMs imposed state-wide.
9 March 2022	Very high caseload settings in effect state-wide. Critical worker furloughing settings in place.
15 March 2022	Household Free RAT Program expands, and additional RATs announced for distribution at pop-up venues.
24 March 2022	RAT distribution expands to healthcare workers and remote and regional communities across WA.
13 April 2022	Capacity limits for hospitality removed, no limits to home and outdoor gatherings, and removal of contact tracing (except in hospitals).
26 April 2022	Masks no longer mandatory except in specific settings, two square meter rule and proof of vaccination requirements removed for venues, and asymptomatic close contacts no longer subject to isolation requirements.
2 May 2022	Close contacts eligible to collect RATs to facilitate daily testing for seven days.
15 June 2022	Mask wearing no longer required in airport terminals. Masks still required on planes, in health care and high-risk settings, and on public transport.
23 June 2022	Four public COVID-19 testing clinics closed due to reduced demand.
10 August 2022	Second household distribution of RATs announced.
30 August 2022	Private testing clinics closed. Public clinics remain open but with reduced hours.
31 August 2022	Changes to COVID-19 isolation requirements in line with National Cabinet decision - now five days instead of seven.
9 September 2022	Mask wearing requirements on public transport removed, and visitor limits for hospitals, aged and disability care facilities eased.
14 October 2022	Mandatory isolation ends for people who test positive to COVID-19.
4 November 2022	WA's state of emergency ends.

## Appendix E: WA's COVID-19 governance structure

### Overview

This list provides background information on the governance structures utilised during the states of emergency declared under the *Emergency Management Act 2005* (EMA) and the *Public Health Act 2016* (PHA). Key governance structures are summarised below, noting individual agencies and entities also had their own bespoke structures to support internal and external governance and engagement.

### Ministers

The **Security and Emergency Committee of Cabinet** is a Cabinet subcommittee to support actions that enhance the security and emergency preparedness of WA.

The **Minister for Emergency Services** is responsible for the administration of the EMA and may make, extend or revoke a state of emergency provided certain criteria are met.

The **Minister for Health** is responsible for the administration of the PHA and may make, extend or revoke a public health state of emergency provided certain criteria are met.

Once a state of emergency is declared, authorised personnel may exercise emergency powers under the EMA and PHA.

### State Disaster Council

If a state of emergency is declared under the EMA, a **State Disaster Council** is established. It is chaired by the Premier and attended by relevant Ministers and senior public servants, so that key personnel are kept informed of developments and provide advice and support to Government.

During the COVID pandemic, the State Disaster Council agenda included a standing update from key office holders, including the State Emergency Coordinator, Hazard Management Authority including the Chief Health Officer, and the State Welfare Coordinator.

The State Disaster Council met concurrently with the Security and Emergency Committee of Cabinet on matters related to COVID-19.

### Emergency Management Team

The **Emergency Management Team** was an informal forum that brought key decision-makers managing the states of emergency together to share information about significant and urgent issues relating to the COVID-19 response and to facilitate discussions, enabling decision-making to occur.

### State Emergency Coordinator

Under the EMA, the position of **State Emergency Coordinator** (SEC) is held by the person who is also the Commissioner of Police. The SEC provides advice to the Minister for Emergency Services on the state of emergency declaration and is responsible for coordinating the emergency response and providing advice. The SEC also exercises emergency powers under the EMA.

## State Recovery Controller

The **State Recovery Controller** is responsible for ensuring the provision of a coordinated recovery support to emergency affected communities through the direction and coordination of resources.

## Health

The **Chief Health Officer** provides advice on public health matters and can exercise emergency powers under the PHA when a public health state of emergency is declared.

The **Hazard Management Agency (HMA)** for a human epidemic is the Director-General of the Department of Health and is responsible for health emergency management. The Director General may delegate this role to a suitable departmental officer. The HMA delegated these functions to the Chief Health Officer who activated the **Public Health Emergency Operations Centre** (January 2020) and the **State Health Incident Control Centre (SHICC)** (March 2020). The Incident Support Group assists the Incident Controller.

The WA COVID-19 Vaccination Program oversaw the rollout of COVID-19 vaccinations from early 2021 and was initially led by the Chief Operations Officer under SHICC. From August 2021-March 2022, the **Vaccine Commander** was appointed to facilitate the roll-out. From March 2022, the Chief Operations Officer reported to the Chief Health Officer.

## Police

**Operation Tide** was WA Police Force's dedicated operation established to manage the State's pandemic response, including managing border controls and other public health and social mandates.

## State Emergency Management Committee

The **SEMC** is established under the EMA and sets the state emergency management framework, policy, plans and procedures for emergency management. SEMC may establish such committees as it thinks fit to advise the SEMC on any aspect of its functions. There are also specific reference groups which support the subcommittees.

## District and local arrangements

There are various structures under the EMA to support emergency management districts and local government districts in relation to emergency management arrangements for the relevant district.

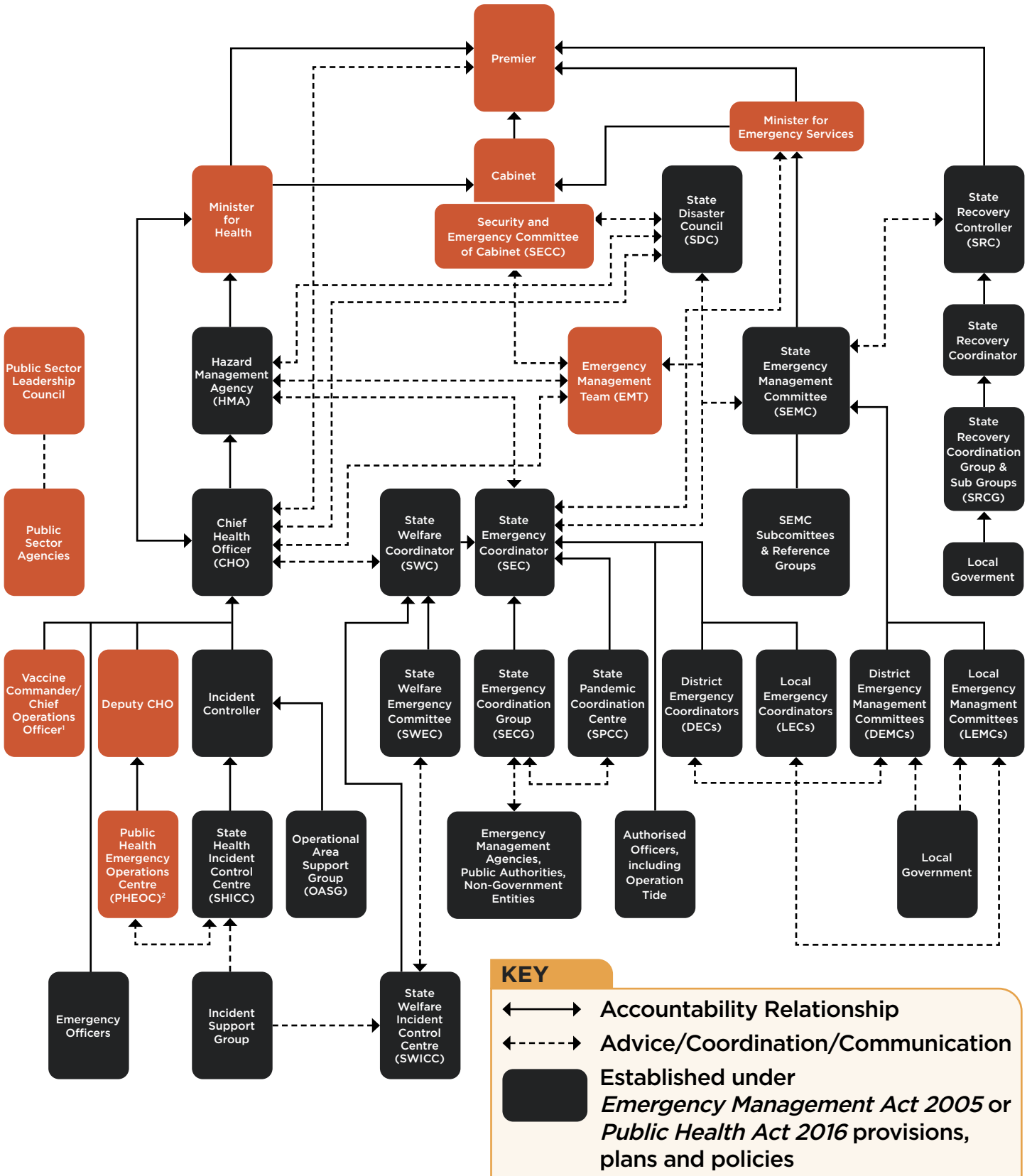
## State Emergency Coordination Group

The **State Emergency Coordination Group** is established under the EMA and provides coordination at a strategic level and advice and direction as required. It provides the link between the Government response to an emergency and various community and industry organisations.

## State Welfare – Department of Communities

The **State Welfare Coordinator** is responsible for coordination of all emergency welfare services and is supported by the **State Welfare Emergency Committee** and the **State Welfare Incident Control Centre**.

# WA COVID-19 Pandemic State of Emergency Governance Structure



- Vaccine program initially reported to the SHICC, then the Vaccine Commander, then the Chief Operations Officer.
- PHEOC merged with SHICC in November 2021.

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**Appendix G: Analysis of key health,  
economic and social indicators for the  
Review of WA's COVID-19 Response**

## Overview

The following graphs provide an overview of indicators for health, economic and social outcomes during the state of emergency in WA due to COVID-19, which formed part of the evidence base for the Review. This summary is based on desktop research, primarily drawing on State-level (aggregate) data that is publicly available.

A select number of key indicators have been identified based on the following criteria:

- the quality of the data;
- the extent to which COVID-19 may have had an observable impact, based on aggregate public data; and
- the extent to which the indicators are relevant to health, economic and social outcomes.



### Health Indicators



### Economic Indicators



### Social Indicators

#### Legend

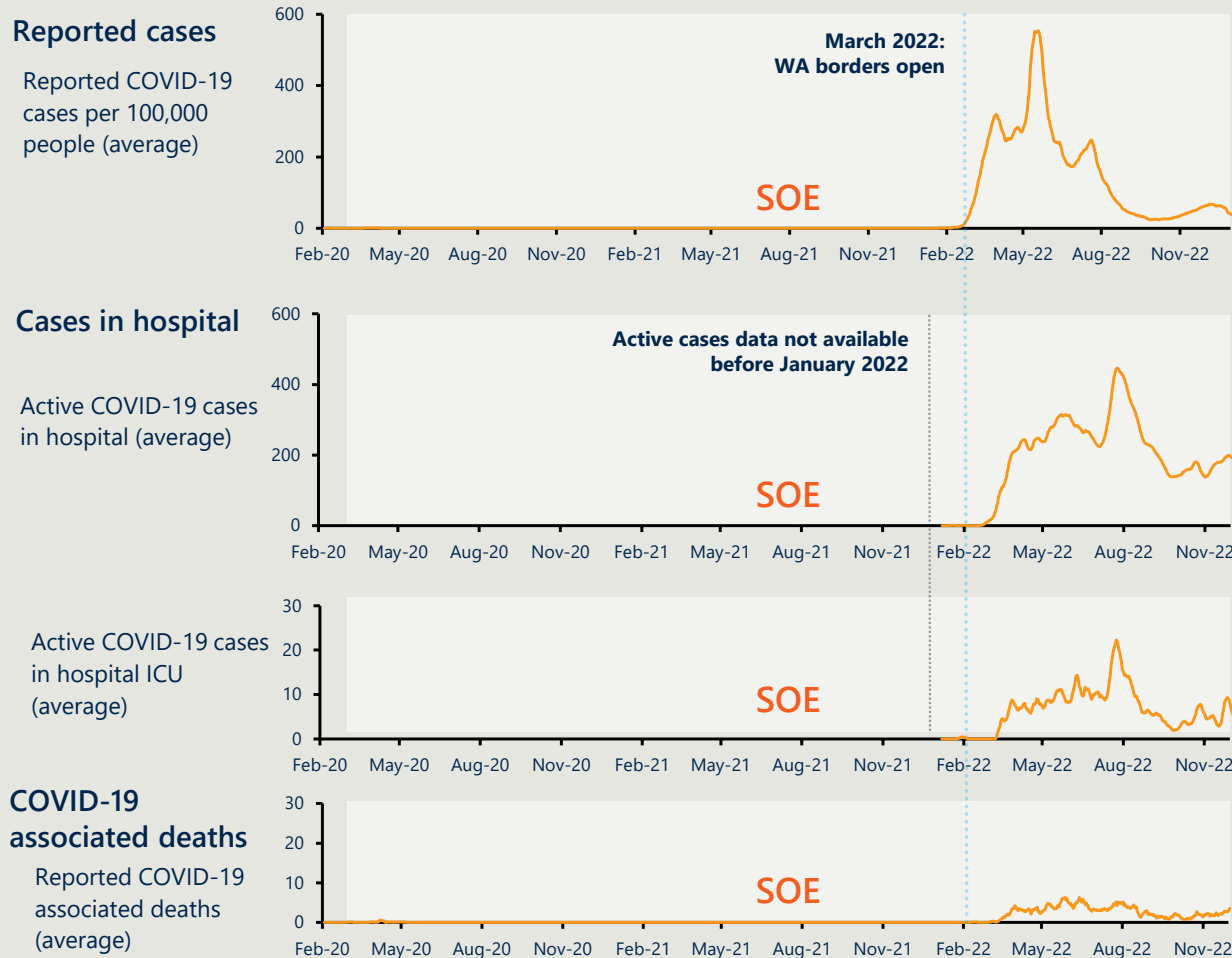
State of emergency: COVID-19, denoting datapoints that fall within March 2020 to November 2022	SOE
Australia, or inclusive of all available states and territories	
Western Australia	
New South Wales	
Victoria	
Queensland	
South Australia	
Tasmania	
Northern Territory	
Australian Capital Territory	

**Note:** axes across charts may vary due to frequency of data collected and source of data.



# Health indicators

## WA was nearly COVID-zero in the first two years of the pandemic



From February 2022, WA saw a surge in COVID-19 cases, peaking at nearly 600 cases per 100,000 people...

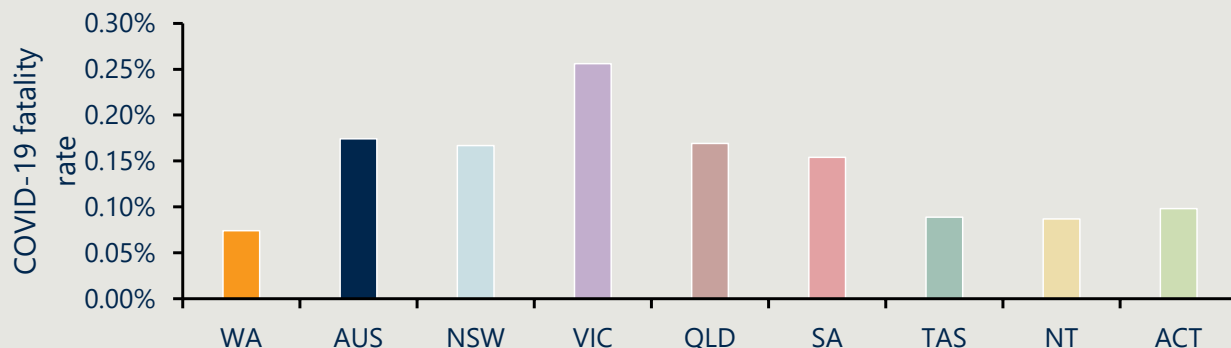
... and this upward trend was evident not only in COVID-19-related hospitalisations but also in COVID-19-related deaths

Source: WA Government, Department of Health, 2023. COVID-19 Linked Data Repository and Public Health Operations COVID-19 Unified System. Published

**Description:** These charts show the 7 day averages of (1) the number of reported COVID-19 cases per 100,000 people; (2) the number of active COVID-19 cases in hospitals, including (3) those admitted to intensive care units (ICU); and (4) the number of reported COVID-19 associated deaths, over a 7-day period. "Active cases" refer to patients hospitalised with COVID-19, but it does not necessarily indicate that they were admitted specifically due to COVID-19.

## WA experienced a lower rate of COVID-19 related deaths than other states and territories

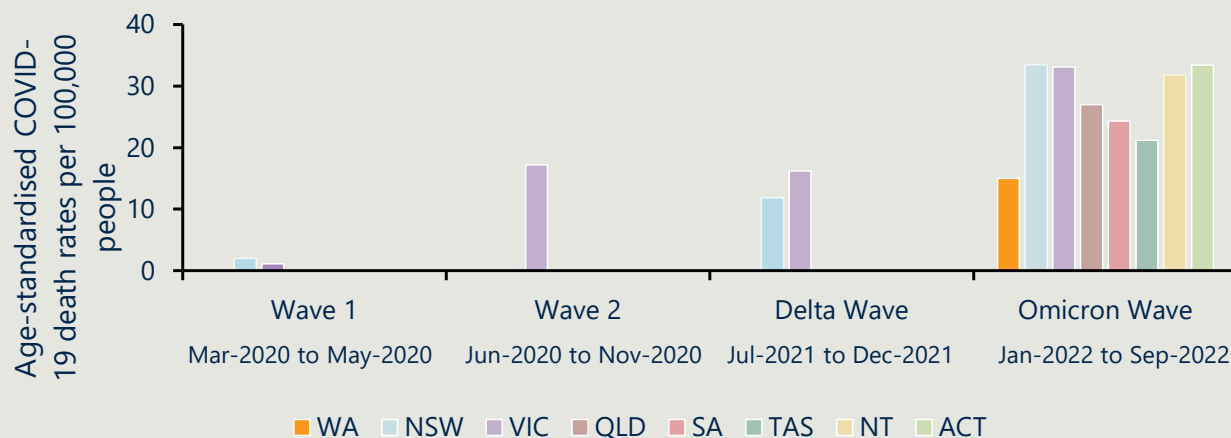
COVID-19 fatality rate



WA had a lower fatality rate than the Australian total, and the lowest of all states and territories

Source: Department of Health, 2023, Unpublished

Age-standardised COVID-19 death rates



WA did not experience a significant number of deaths until the Omicron Wave, similar to other jurisdictions

Source: Australian Bureau of Statistics (2022). COVID-19 Mortality by wave. ABS. Accessed May 2023. Published

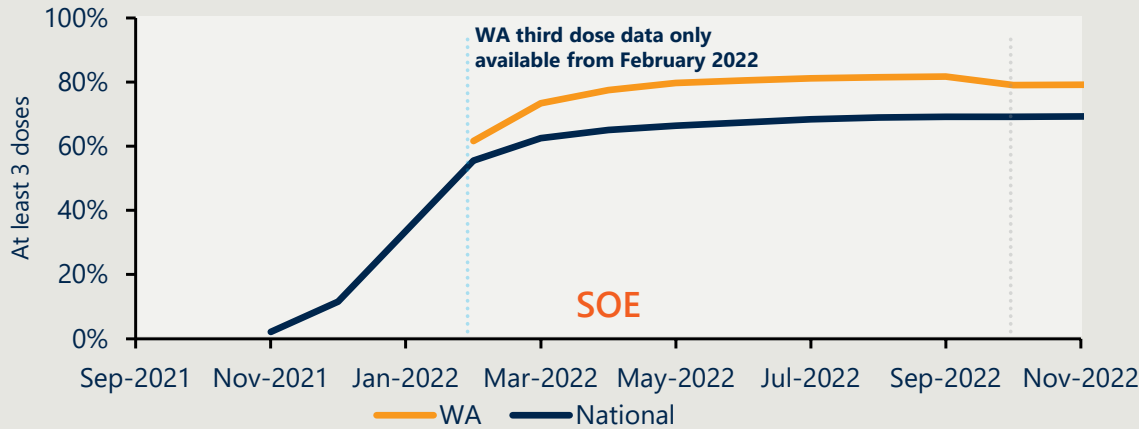
**Description:** These charts display (1) the COVID-19 fatality rate, which measures the proportion of deaths among COVID-19 cases, and (2) the age-standardised COVID-19 death rates per 100,000 people. Note that rates are omitted when there were fewer than 20 recorded deaths during a wave.

# Around 95 per cent of eligible Western Australians received at least two doses of the COVID-19 vaccine

Percentage of 16+ population, by COVID-19 vaccine dosage



WA's second dose vaccination rate aligned with national trends, stabilising a percentage point below the national average after a slow start...



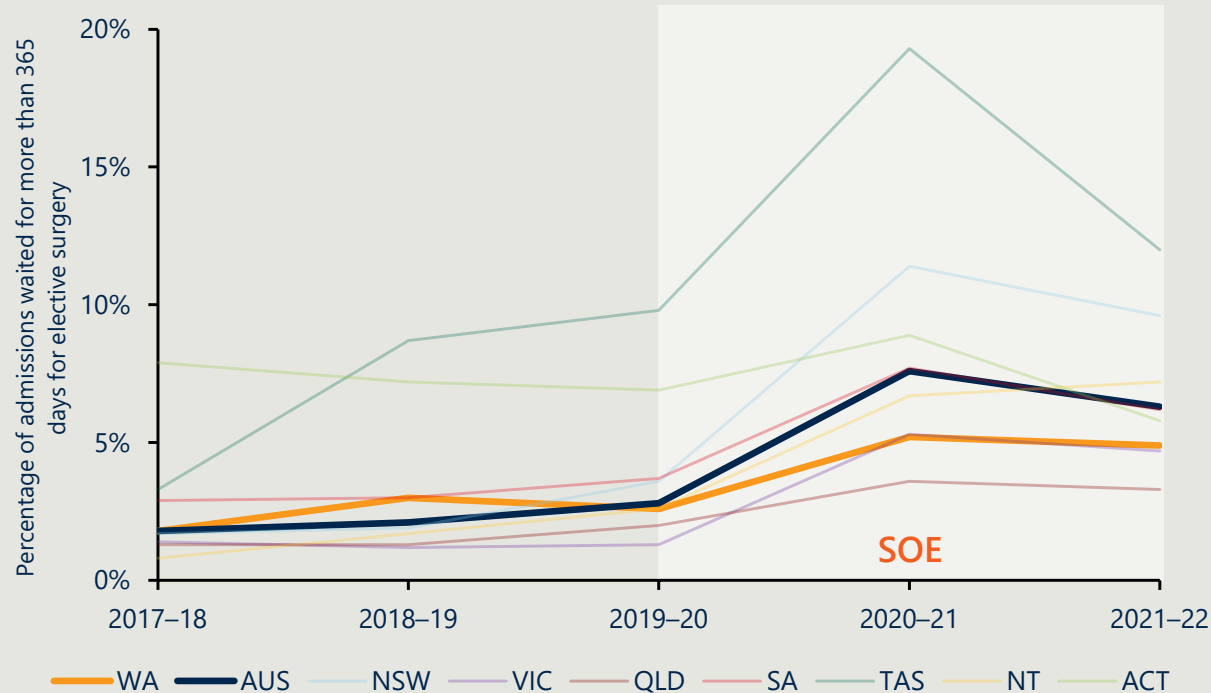
...WA achieved a 10% higher rate of third dose vaccinations compared to the rest of the nation

Source: Australian Government Department of Health and Aged Care (2023). COVID-19 Vaccination Data. Department of Health and Aged Care. Accessed May 2023. Published

**Description:** These charts show the percentage of the population aged 16 years or above, who have received (1) at least two doses; and (2) at least three doses of a COVID-19 vaccine. The WA COVID-19 Vaccination Program commenced in late February 2021. In September 2021, mandatory vaccinations were introduced across select workforces (Health, Police), and from October 2021, a mandatory vaccination policy for most occupations and workforces in WA was introduced in a phased approach.

## COVID-19 reduced access to elective surgeries in WA, but to a lesser degree than the rest of Australia

Elective surgery waiting times



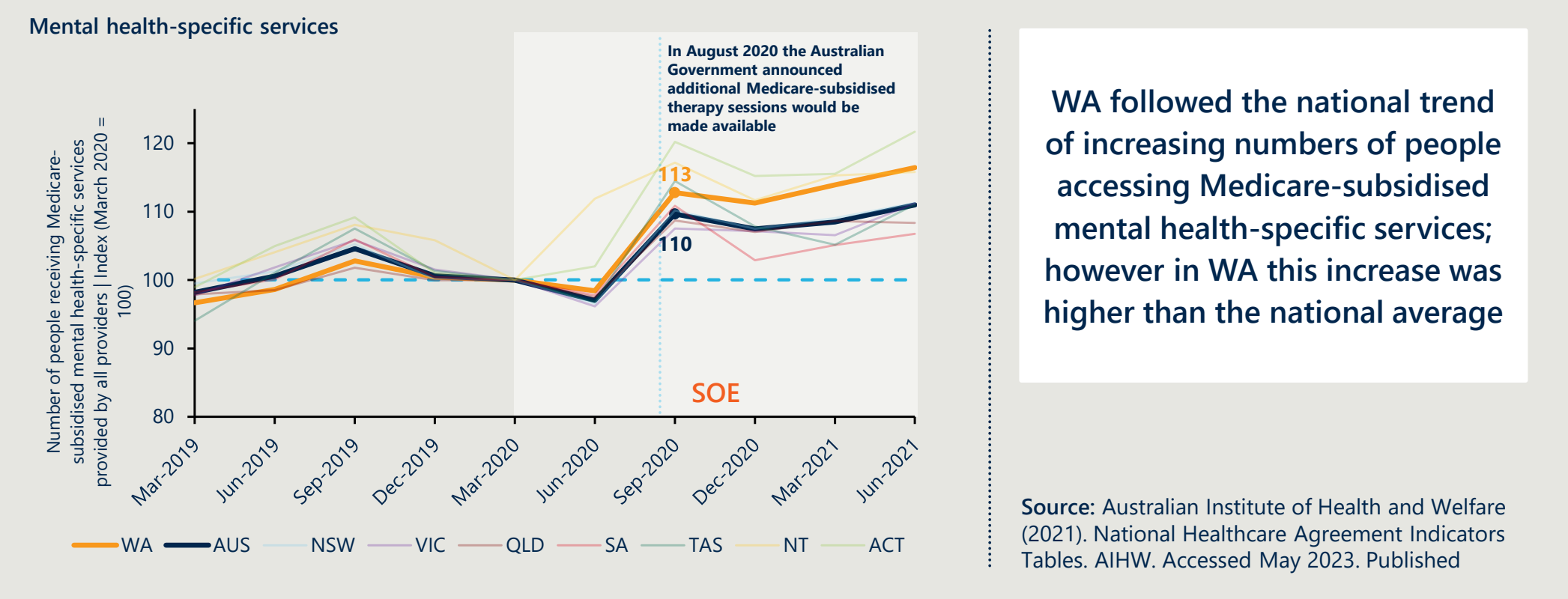
The health system responded by delaying elective surgery to treat patients with COVID-19; fewer patients in WA were affected by this decision compared to other states and territories

Source: Australian Institute of Health and Welfare (2021-22). Elective surgery waiting times. AIHW. Accessed May 2023. Published

**Description:** This chart shows the percentage of public hospital admissions who waited for more than 365 days for elective surgery.



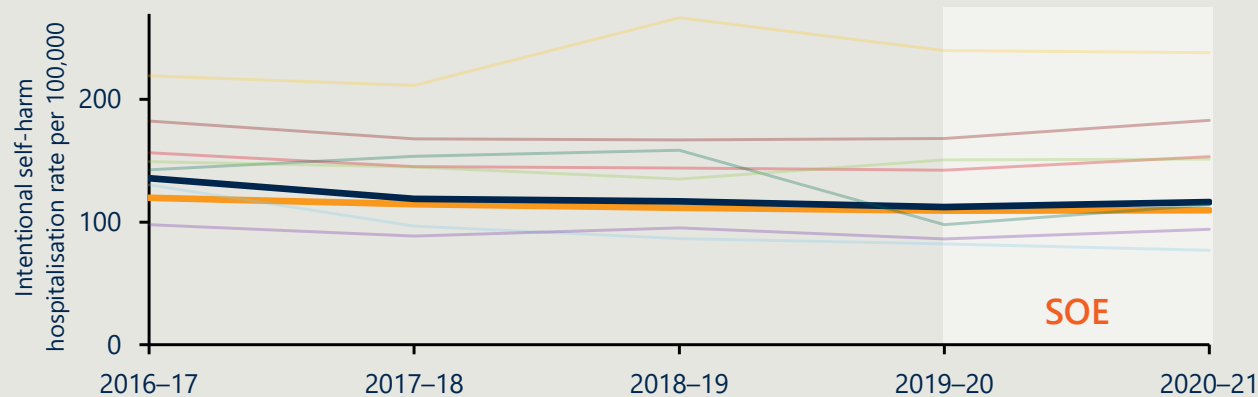
# Western Australians increasingly accessed subsidised mental health services ...



**Description:** This chart shows how the number of people receiving Medicare-subsidised mental health-specific services from all providers has changed over time, with March 2020 as the starting point (index = 100).

## ... while mental health treatment increased, and self-harm and suicide rates decreased or remained steady

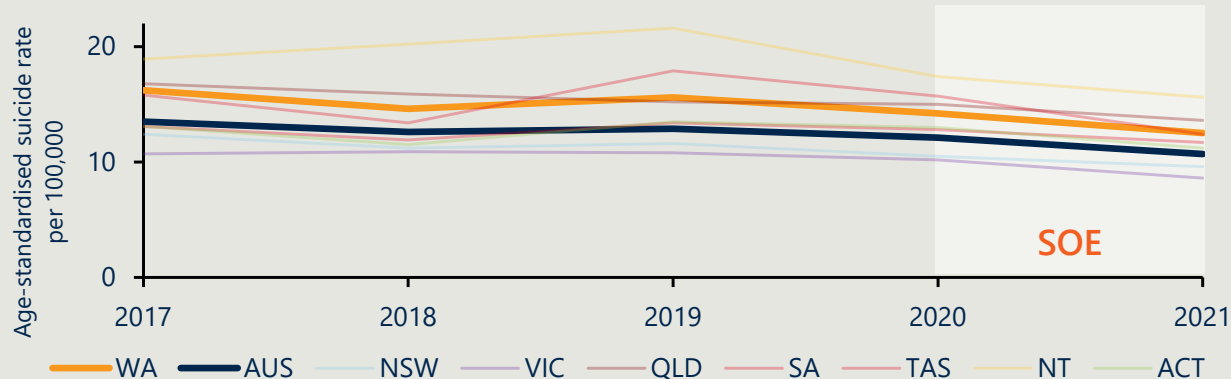
Intentional self-harm hospitalisations



**WA's rate of intentional self-harm hospitalisations remained steady from 2019-20 to 2020-21**

Source: Australian Institute of Health and Welfare (2022). National Hospital Morbidity Database—Intentional self-harm hospitalisations, 2021–22. Accessed May 2023. Published

Suicide rate

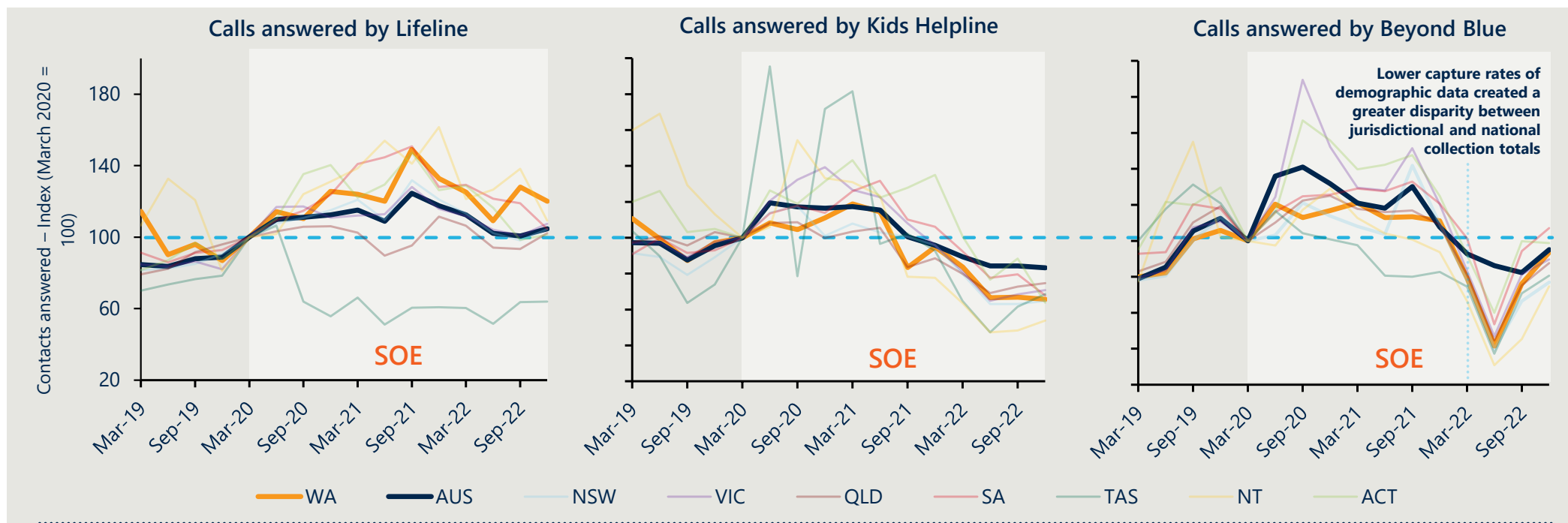


**The number of suicides, adjusted for age differences in population, around Australia, including WA, decreased from 2020 to 2021**

Source: Australian Institute of Health and Welfare (2022). 2021 National Mortality Database—Suicide. AIHW. Accessed May 2023. Published

**Description:** These charts show (1) the rate of hospitalisations due to intentional self-harm per 100,000 people; and (2) the age-standardised suicide rate per 100,000 people, indicating the number of suicides adjusted for age differences in the population.

## Crisis and mental health support lines responded to more calls during COVID-19



**WA and Australia followed similar trends during COVID-19 of the number of contacts answered across Lifeline, Kids Helpline and Beyond Blue, although WA experienced a noticeably higher peak of contacts answered by Lifeline in September 2021, relative to the national average**

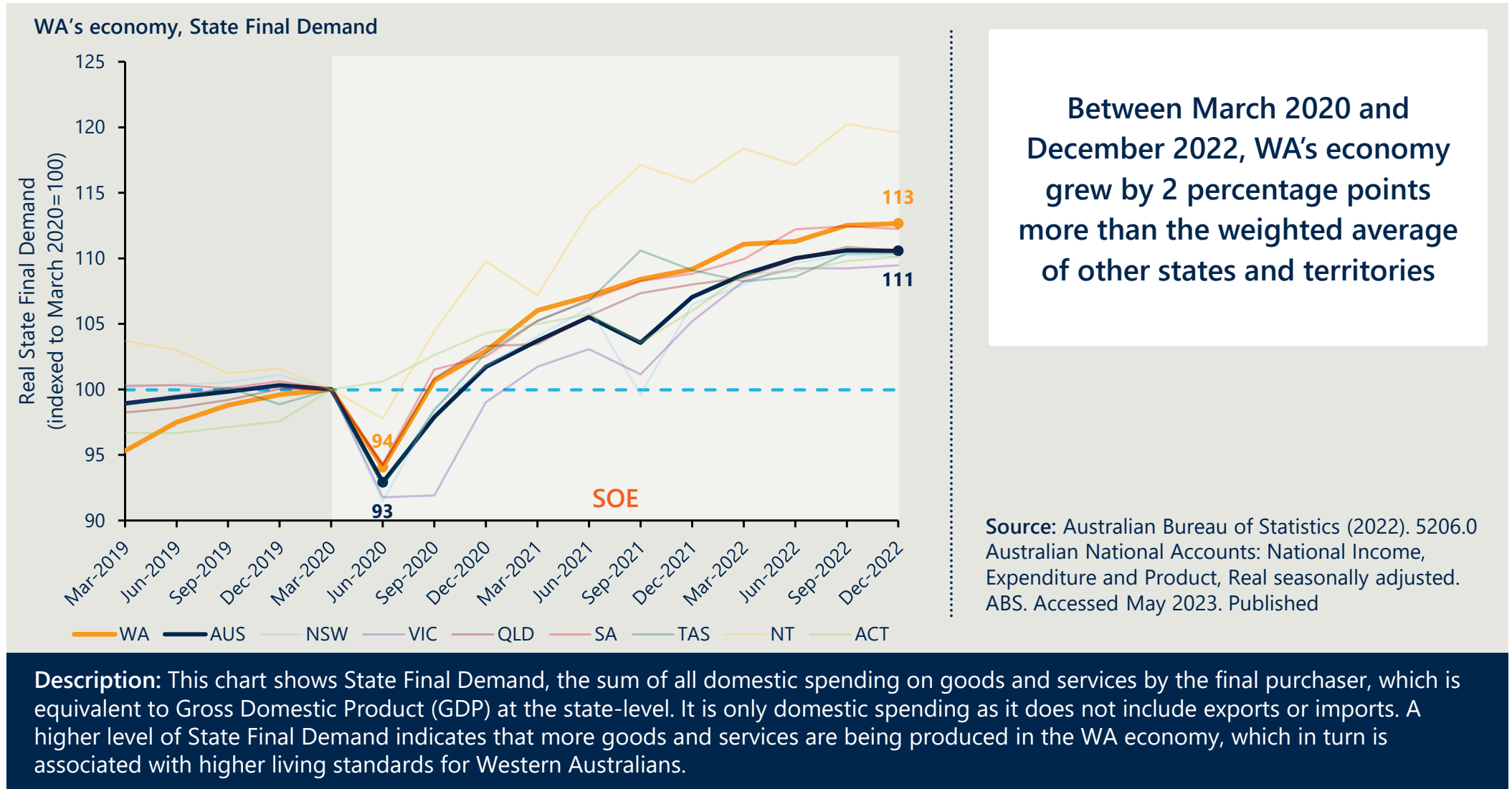
Source: Australian Institute of Health and Welfare (2023). Mental Health Services Activity Monitoring Data. Accessed May 2023. Published

**Description:** These charts show how the number of contacts answered by (1) Lifeline, (2) Kids Helpline, (3) Beyond Blue has changed over time, with March 2020 as the starting point (index = 100). Jurisdictional totals do not sum to national totals due to data collection methods. The large drop across jurisdictions in June 22 for Beyond Blue was the result of state demographic information not being collected.



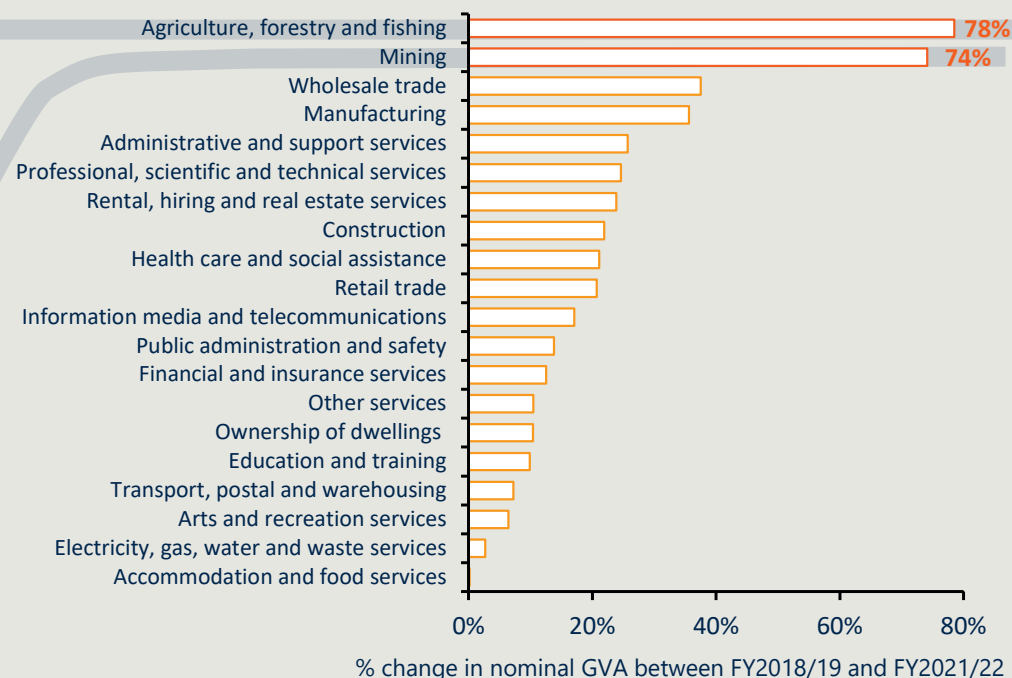
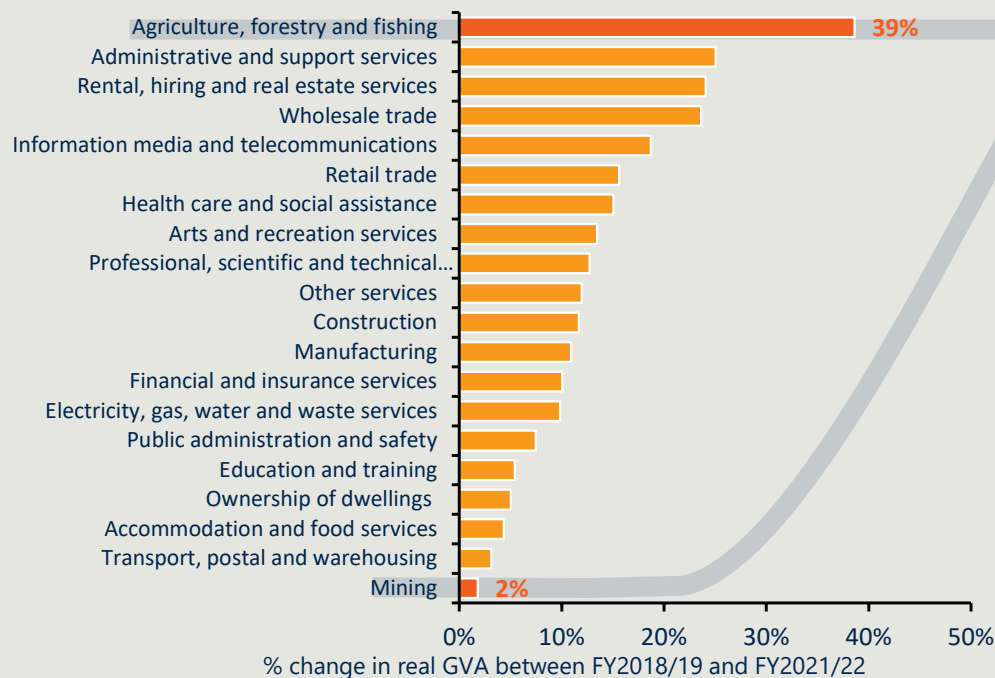
# Economic indicators

## WA's economy grew despite COVID-19



## The growth in WA's economy was seen across all sectors

WA's economy, real and nominal Gross Value Added, by sector



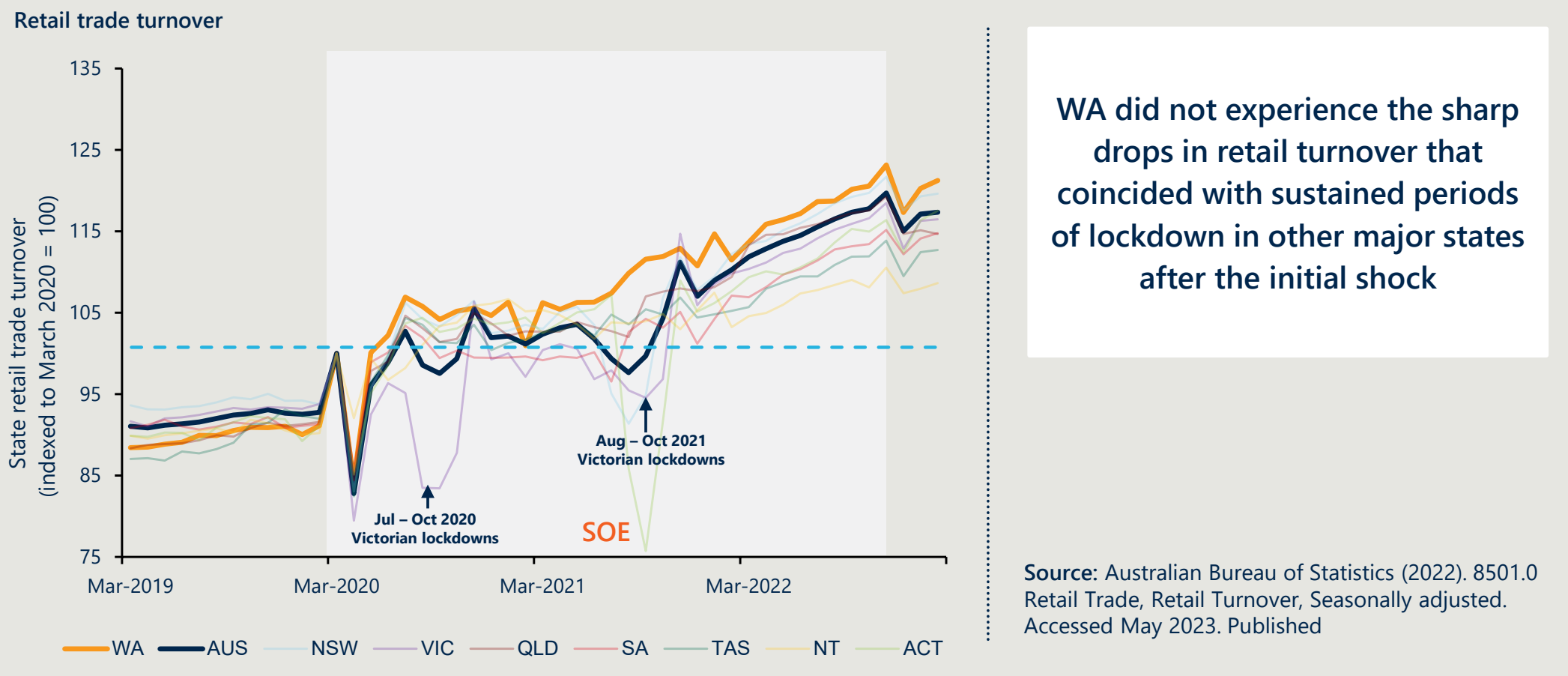
Production grew in every sector, and growth was strongest in agriculture, forestry and fishing and weakest in mining

The dollar value of production increased in all sectors, with large increases in mining due to rises in resource prices

Source: Australian Bureau of Statistics (2022). 5220.0 Australian National Accounts: State Accounts, Original. ABS. Accessed May 2023. Published

**Description:** Gross Value Added (GVA) is a similar concept to GDP. A sector's GVA refers to the value of final goods and services produced in the sector less the costs of intermediate inputs used to produce the final goods and services. It is also the sum of wages and profits. These charts show (1) growth in real GVA, which equates to the increase in a sector's output (once the effects of changes in price are removed); and (2) growth in nominal GVA, which equates to the increase in the dollar value of output (including the effect of changes in both price and quantity). Note that the percentage change reported is not the annual percentage change over the period, but the total percentage change over the period.

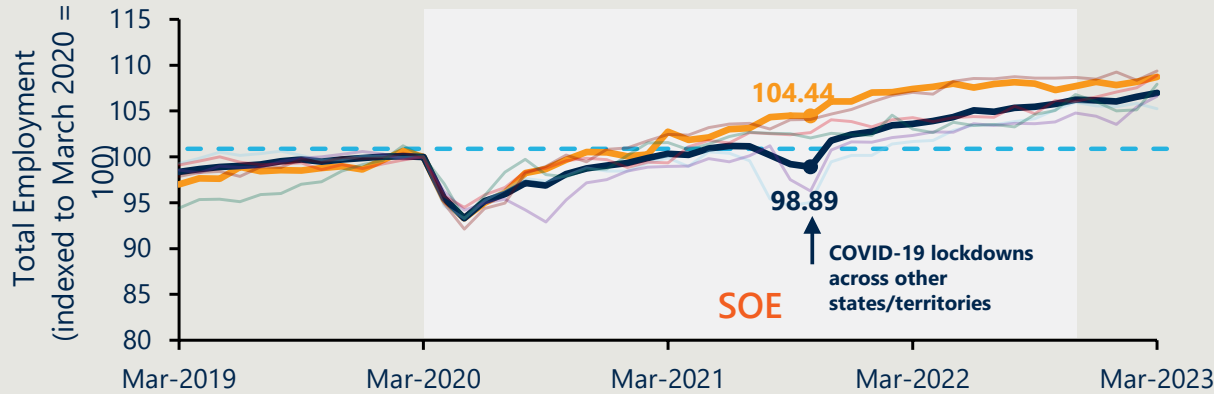
# WA's retail sector fared better than most other states that experienced extended lockdowns



**Description:** This chart shows an index of the volume of turnover (primarily sales) of retail businesses (i.e. businesses that sell goods and services directly to consumers). Expressed as an index in which March 2020 is the base period.

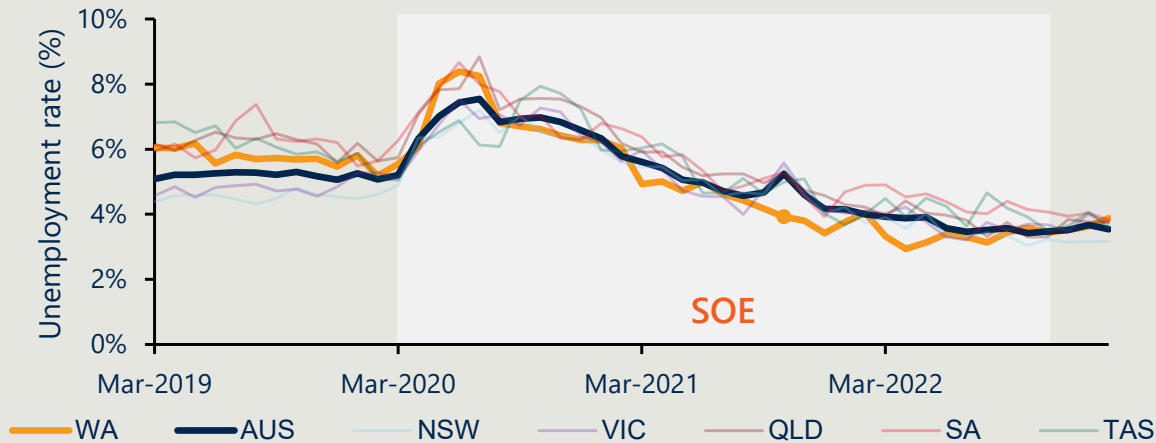
# Overall, employment in WA grew during COVID-19

## Employment



In May 2020 and October 2021, Australia experienced dips in employment. WA initially followed this trend, but rebounded and has since grown more than most other states, relative to pre-COVID-19 levels

## Unemployment



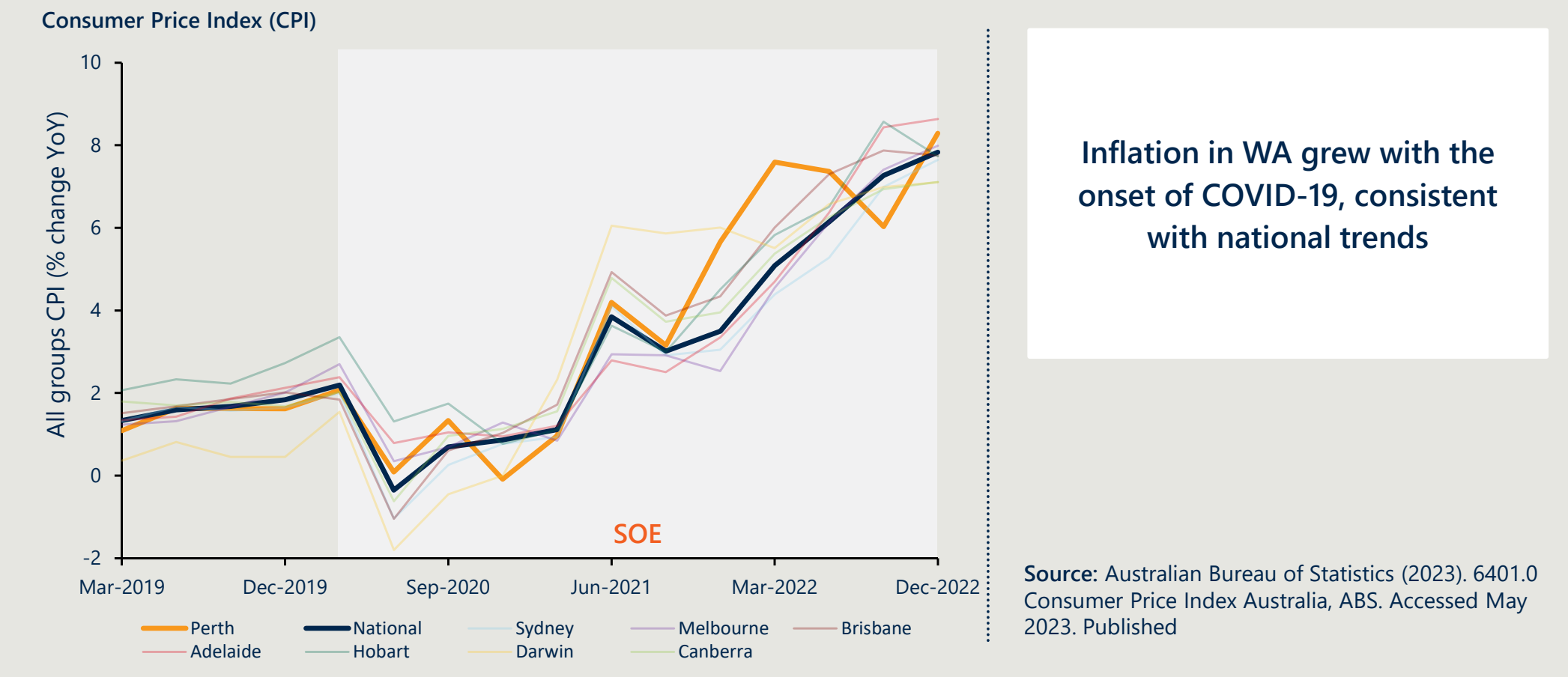
Despite peaking at a higher rate than the national average in July 2020, WA's unemployment rate closely followed national trends during COVID-19

Source: Australian Bureau of Statistics (2022). 6202.0 Labour Force, Australia. Seasonally adjusted territory data unavailable. Accessed May 2023. Published

**Description:** These charts show 1) the number of Western Australians that are employed (expressed as an index in which March 2020 is the base period) and 2) the share of the labour force who are not employed (expressed as a %). The number of employed people will reflect changes in the unemployment rate, changes in the participation rate, as well as changes in the size of the working age population. It does not reflect the average hours worked by employees. The labour force is defined as those who are either employed or are actively looking for work. This means that someone is considered to be unemployed if they are actively looking for work, but are unable to find it.



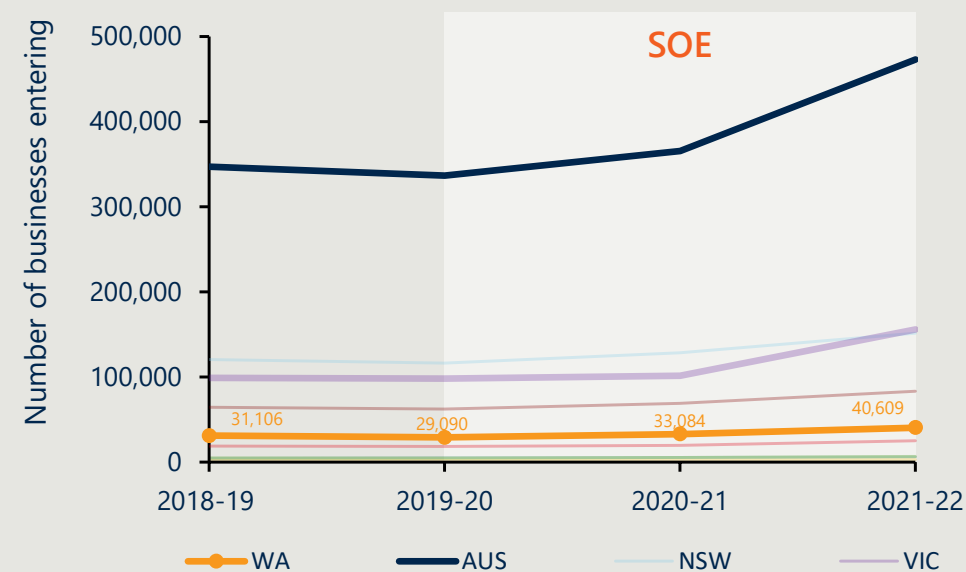
# WA was not immune to the global increase in the cost of living



**Description:** This chart shows the Consumer Price Index (CPI), a measure of the average change in prices of a fixed basket of goods and services consumed by households. This is used to monitor inflation trends and shows percentage change in the level of prices between two consecutive quarters and two consecutive years respectively. CPI is often used to assess changes in the cost of living.

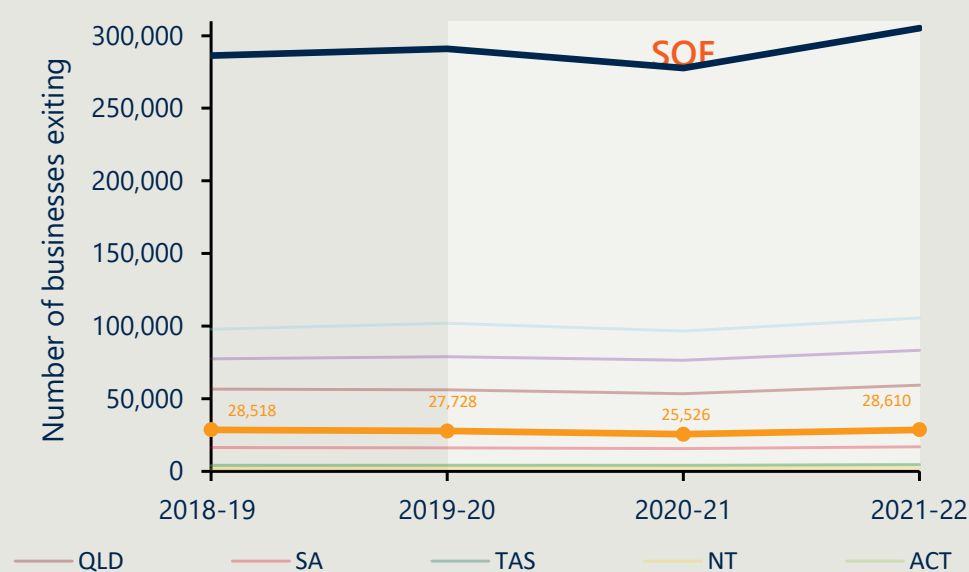
# Numbers of small and medium-sized businesses across WA remained relatively stable during COVID-19

Businesses entering



Growth in the number of new business entrants in WA remained below the national trend

Businesses exiting

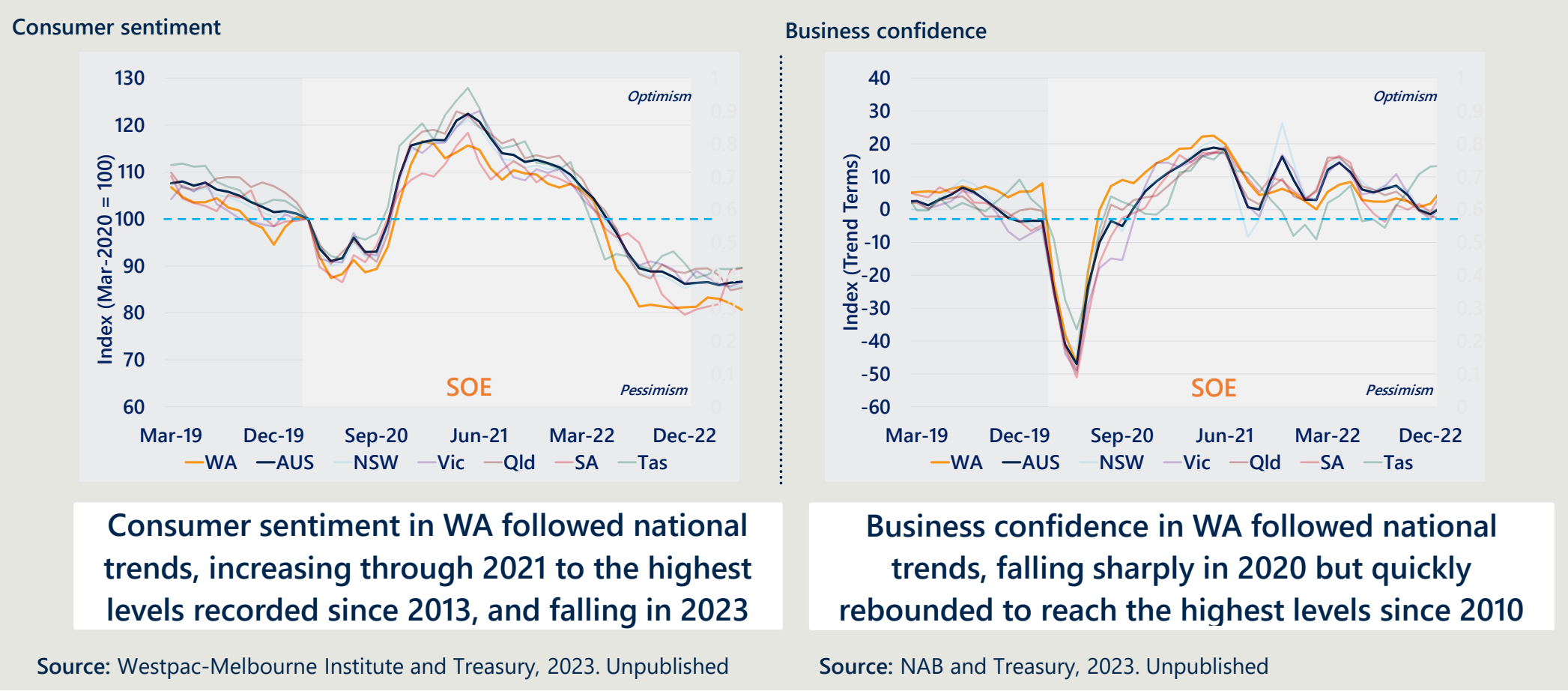


Relative to pre-COVID-19 levels, the number of business exits was lower in WA than across the nation as a whole

Source: Australian Bureau of Statistics (2022). 5206.0 Australian National Accounts: National Income, Expenditure and Product, Real seasonally adjusted. Accessed May 2023. Published

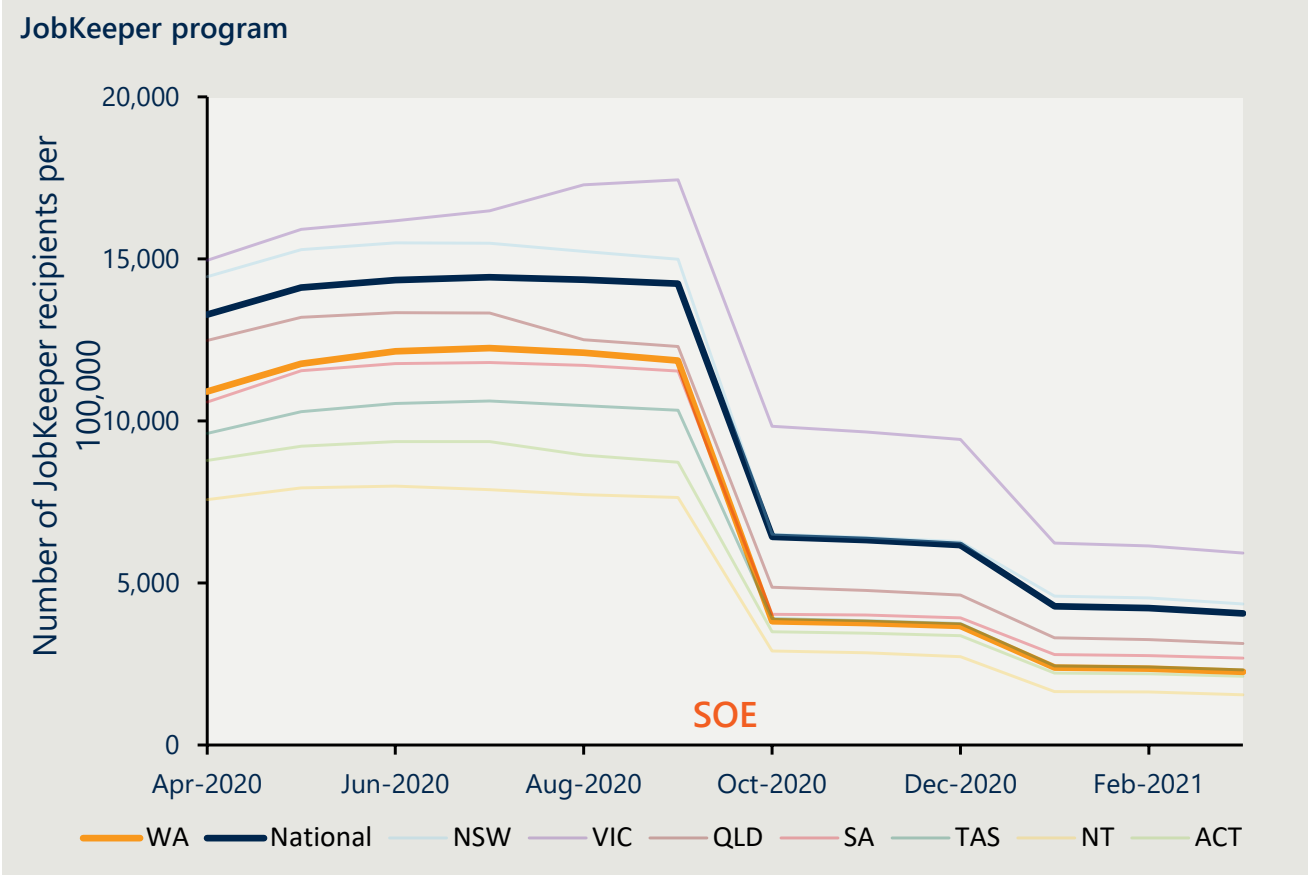
**Description:** These charts capture the number of businesses (1) entering and (2) exiting the market in a given financial year. The figures can be interpreted as a reflection of market opportunities, business conditions, economic stability, and the effectiveness of support for small and medium-sized enterprises in Western Australia.

# Consumers and businesses in WA were both initially pessimistic with the onset of COVID-19



**Description:** Chart 1 is the Westpac-Melbourne Institute Consumer Sentiment Index, taken as an index of the three-month moving average. The Consumer Sentiment Index measures changes in the level of consumer confidence in economic activity. Chart 2 is the National Australia Bank (NAB) Business Confidence Index, a key measure of business confidence in Australia which is based on the survey views of Australian companies on business conditions in the country. Trend terms refer to a three-month moving average. Note that business confidence data is volatile.

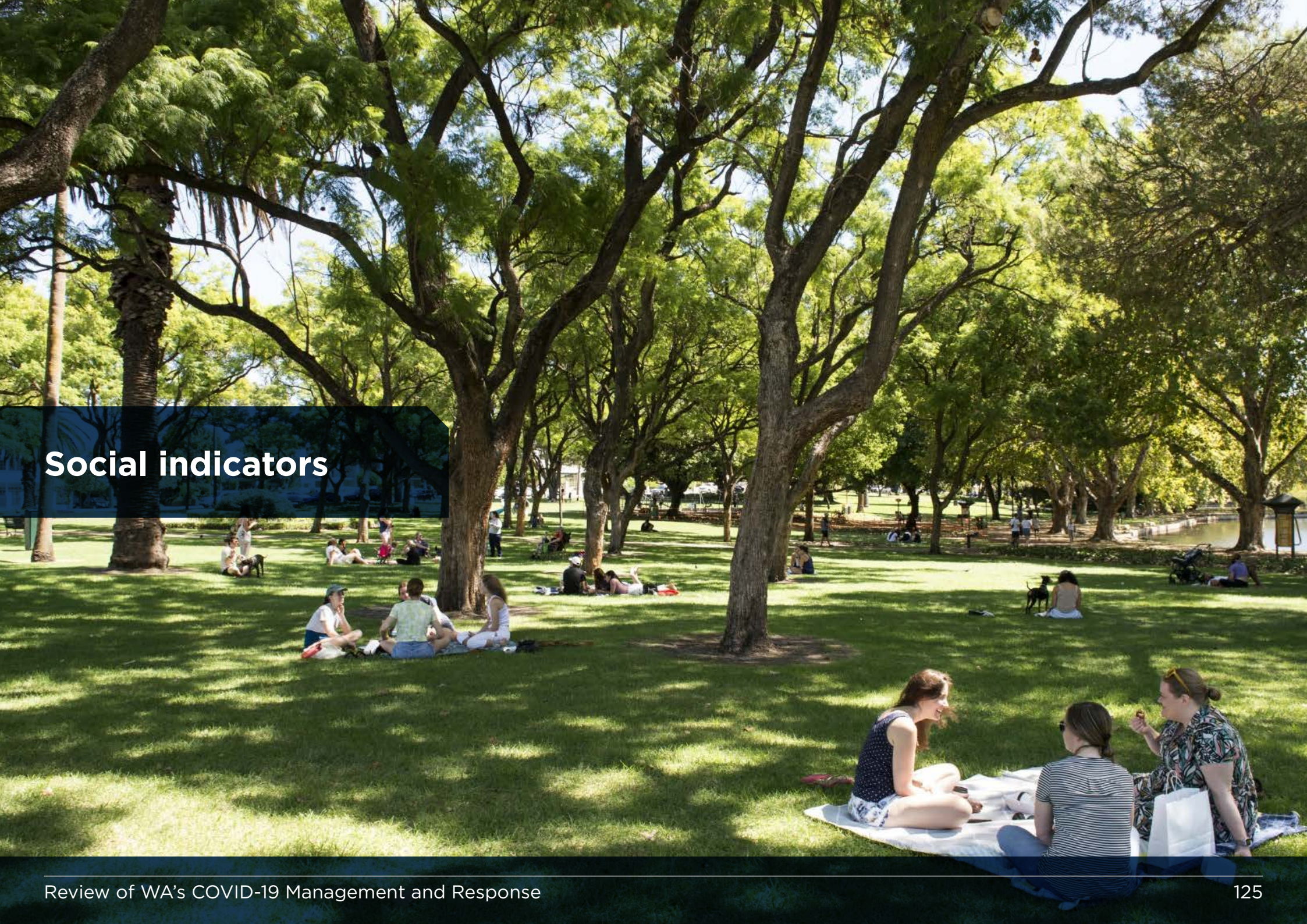
# Fewer businesses in WA were eligible for, and received, JobKeeper, compared to other jurisdictions



Throughout the duration of the JobKeeper program, fewer Western Australian businesses needed and received JobKeeper compared to the rest of the nation

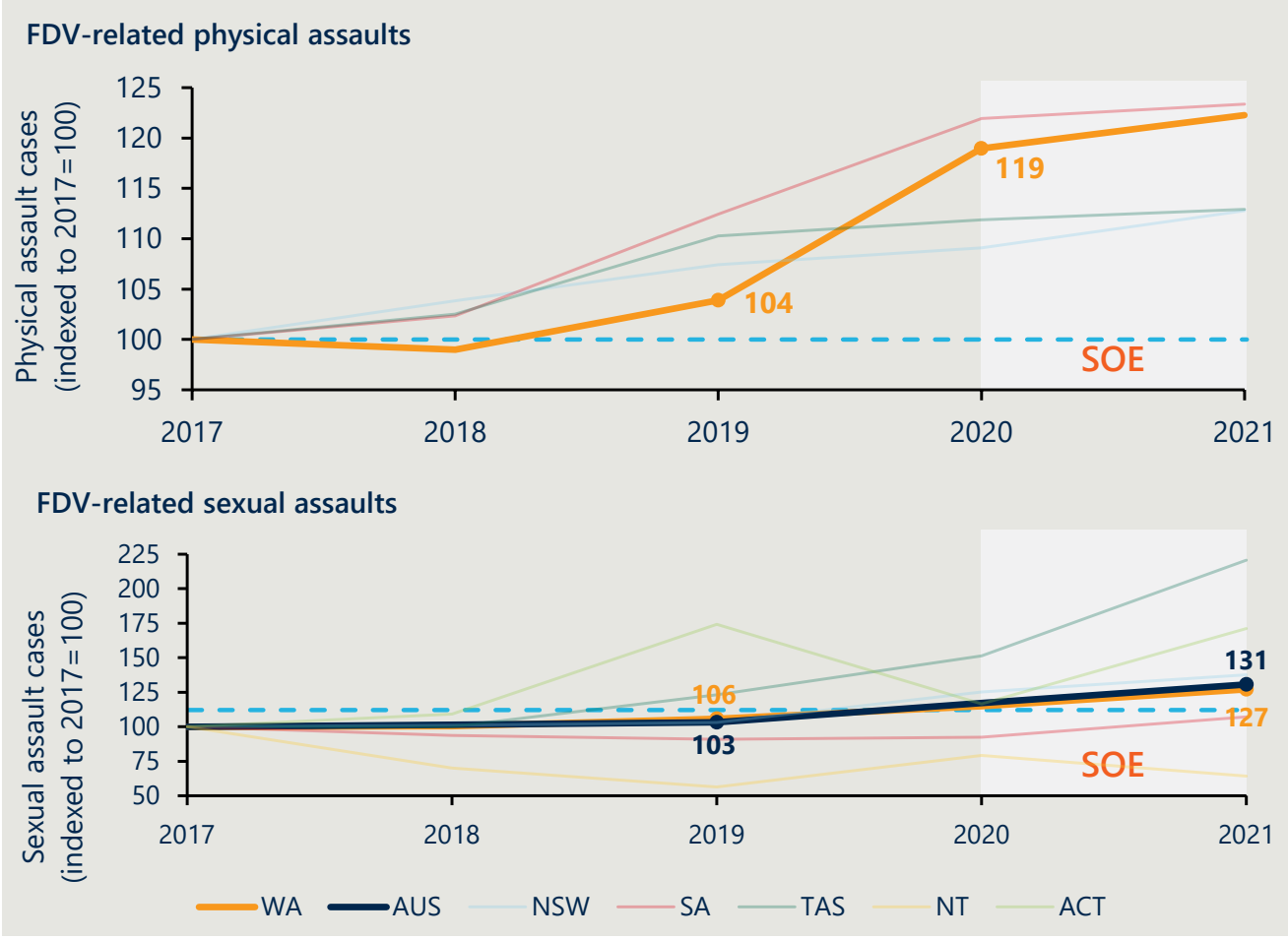
Source: Australian Taxation Office (2021). Taxation Statistics 2019–20 JobKeeper; Australian Bureau of Statistics, 2021 Census. Accessed May 2023. Published

**Description:** This chart shows the prevalence of JobKeeper recipients in the population of a particular state or territory. JobKeeper was introduced as an accessible wage subsidy for businesses impacted by the COVID-19 pandemic. Businesses were eligible for JobKeeper if they fell into one of the following; turnover of less than \$1b and will fall by 30%, turnover more than \$1b and will fall by 50%, or is not subject to the Major Bank Levy.



## Social indicators

# Family and domestic violence (FDV) in WA persisted, with COVID-19 as a likely added stressor



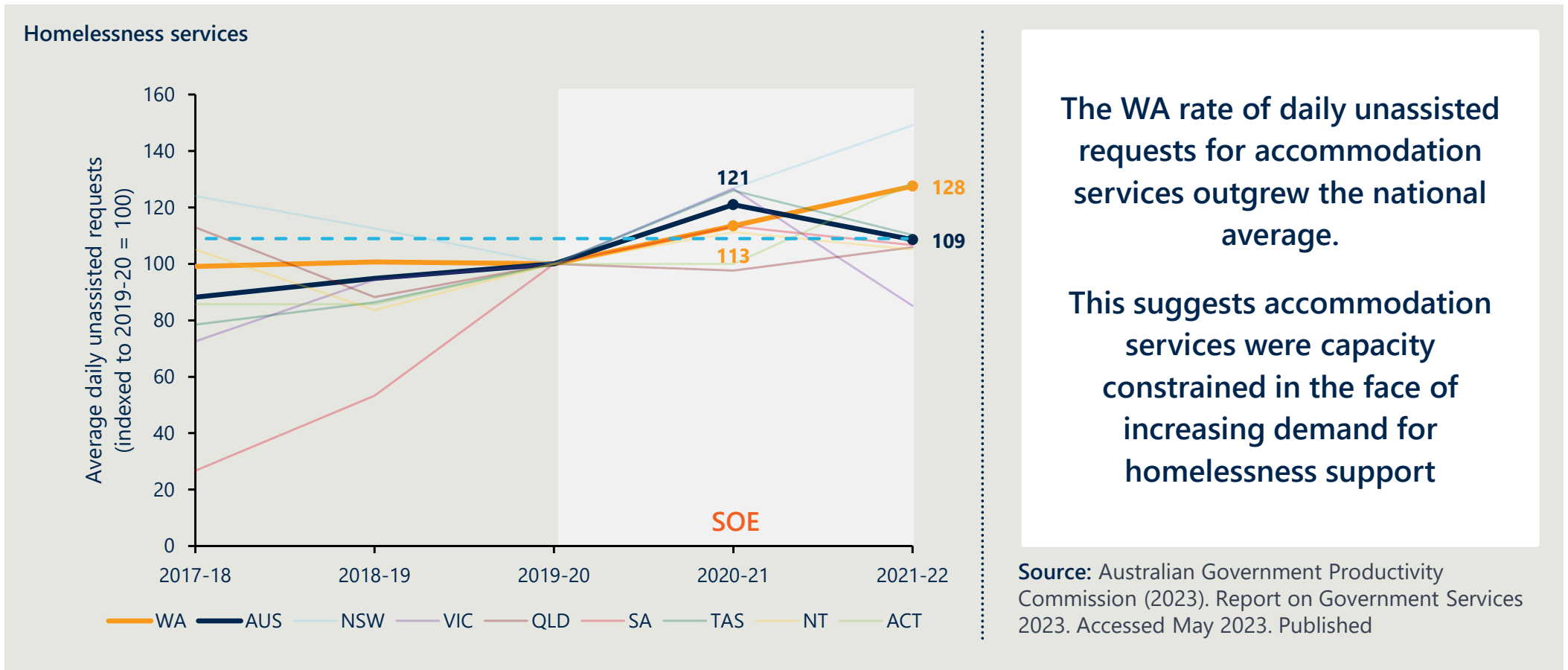
Between 2019 and 2020 WA experienced an increase in FDV-related physical assaults, which coincided with the onset of COVID-19

From 2018, the number of FDV-related sexual assault cases increased in WA, but was below the national average

Source: Australian Bureau of Statistics (2021). Recorded Crime – Victims, 2021. Accessed May 2023. Published

**Description:** These charts show (1) the number of reported physical assaults or (2) the number of reported sexual assaults, based on police reports, that are flagged by police as FDV related, or which are determined to be FDV related based on the relationship of the victim to the perpetrator. Charts present the most recent data available. Data is not available for Victoria or Queensland (FDV-associated physical and sexual assaults) or AUS (FDV-associated physical assaults).

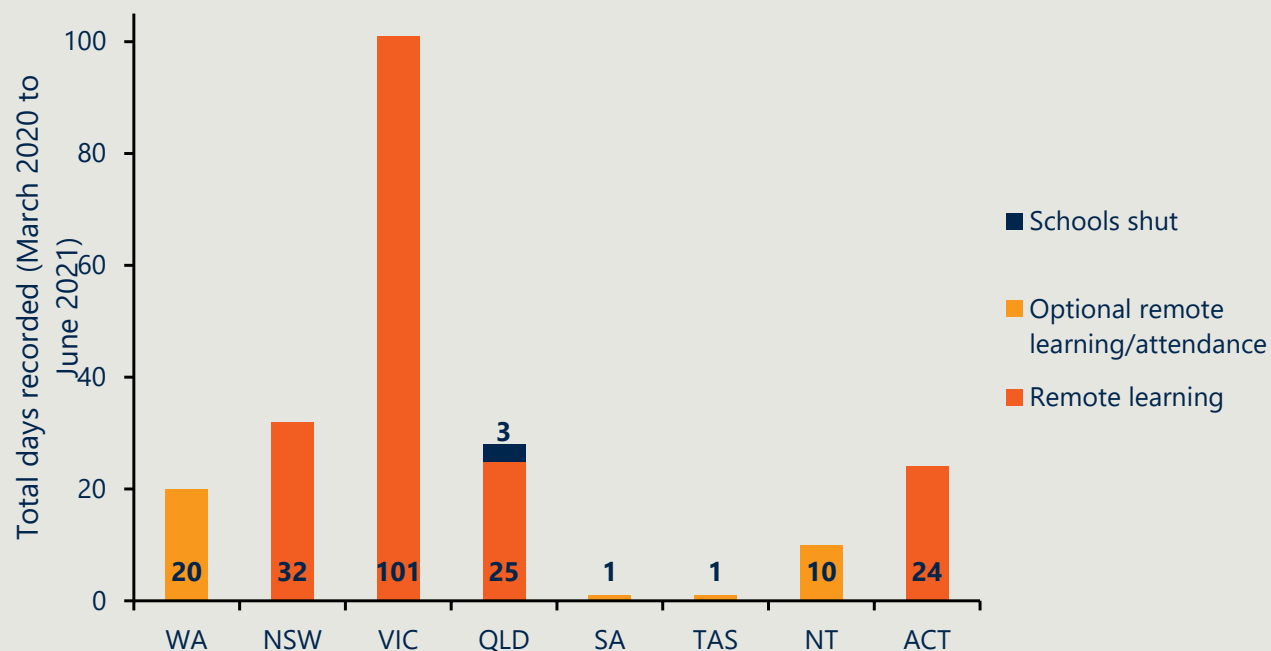
## A growing number of Western Australians could not access homelessness services during COVID-19



**Description:** This chart shows the count of requests made to homelessness accommodation services that went unassisted.

## WA schools remained open during COVID-19 with students offered the option of remote learning

Remote learning



State and territory approaches to remote learning diverged during COVID-19, with around half (including WA) simply favouring optional remote learning

Source: Australian Institute for Teaching and School Leadership (2021). The Impact of COVID-19 on Teaching in Australia. Accessed May 2023. Published

**Description:** This chart shows the differing responses of states and territory education systems in relation to COVID-19 and lockdowns with school closures (no remote learning), optional remote learning or remote learning due to imposed lockdowns. In Western Australia, in addition to the optional 20 remote learning days, there was a delay in Term 1 (2021) commencement by a week, with no remote learning.